

NATIONAL HEALTH INSURANCE ACTS

MEDICAL AND
SANATORIUM BENEFIT
REGULATIONS

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MEDICAL AND SANATORIUM BENEFIT REGULATIONS, ETC.

Containing the full text of the clauses in the Acts and Regulations, together with the principal Memoranda, Circulars, etc., issued by the Insurance Commissioners, concerning Medical and Sanatorium Benefits. Classified in a practical manner for the use of Doctors, Chemists, Members and Officials of Insurance Committees, Approved Society Officials, etc.

(Edited by J. Henry Lloyd, for Charts Ltd.)

LONDON

SIR ISAAC PITMAN & SONS, LTD., 1 AMEN CORNER, E.C.
AND AT BATH, NEW YORK AND MELBOURNE

1914

PRINTED BY SIR ISAAC PITMAN &
 SONS, LTD., LONDON, BATH, NEW
 YORK AND MELBOURNE - 1914

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EXPLANATION OF TYPE

Clarendon type represents quotations from the Insurance Acts.

Roman type represents Regulations, Orders, etc., made by the Insurance Commissioners or Local Government Board.

Small type represents Memoranda, etc., issued by the Insurance Commissioners.

Supplemental and explanatory notes have also been inserted in italics.

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METHOD OF ARRANGEMENT

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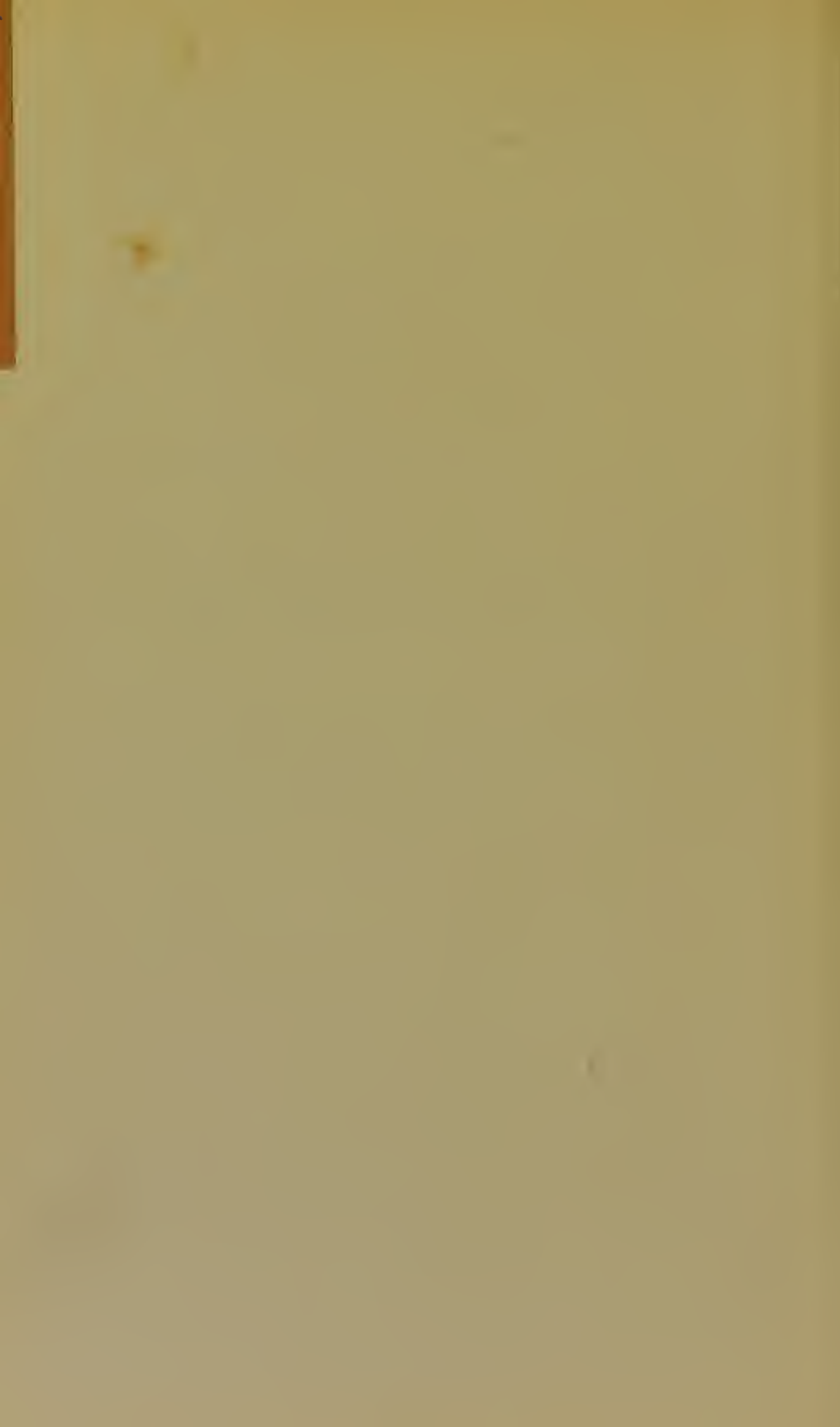
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DEFINITIONS, REPORTS, LISTS

Definitions of Terms.

Reports, Lectures, Certificates, Notifications, Medical Cards.

Compilation of Lists of Doctors, Chemists, and Insured Persons.



DEFINITIONS OF TERMS

INSURANCE ACT, 1911

8.—(1) Subject to the provisions of this Act, the benefits conferred by this Part of this Act upon insured persons are—

(a) Medical treatment and attendance, including the provision of proper and sufficient medicines, and such medical and surgical appliances as may be prescribed by regulations to be made by the Insurance Commissioners (in this Act called “Medical Benefit”);

(b) Treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis, or such other diseases as the Local Government Board with the approval of the Treasury may appoint (in this Act called “Sanatorium Benefit”);

* * * *

8.—(6) Medical benefit shall not include any right to medical treatment or attendance in respect of a confinement.

MEDICAL BENEFIT REGULATIONS

SHORT TITLE

1. These Regulations may be cited as the National Health Insurance (Medical Benefit) Regulations (England), 1913.

INTERPRETATION

2.—(1.) In these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them:—

“The principal Act” means Parts I and III of the National Insurance Act, 1911.

“The amending Act” means the National Insurance Act, 1913.

“The Joint Committee” means the National Health Insurance Joint Committee.

“The Commissioners” means the Insurance Commissioners or, where by virtue of the National Insurance (Joint Committee) Regulations, 1912 and 1913, any power is exercisable by the Joint Committee or by the Joint Committee acting jointly with the Commissioners, means the Joint Committee, or the Joint Committee acting jointly with the Commissioners, as the case may require:

“County” includes County Borough:

"Committee" means the Insurance Committee for any County :

"Society" means an Approved Society and includes the Navy and Army Insurance Fund :

"Member" means a member of a Society for the purposes of the principal Act who is an insured person entitled to medical benefit :

"Exempt person" means a person holding a certificate of exemption under Sub-section 4 of Section 4 of the principal Act, and entitled to Medical Benefit :

"Insured Person" means an insured person entitled to medical benefit, and includes an exempt person :

"Practitioner" means a duly qualified medical practitioner, and where the Regulations refer to a practitioner attending an insured person, includes a practitioner attending the insured person in lieu of the practitioner in accordance with the terms of the latter's agreement with the Committee :

"Chemist" means any person, firm, or body corporate, entitled to carry on the business of a chemist or druggist under the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908 :

"Registered Pharmacist" means a person who is registered as a chemist or druggist under the Pharmacy Act, 1868 :

"Treatment" means medical attendance and treatment :

"Drugs" includes medicines :

"Local Medical Committee" means a Local Medical Committee formed for any County and recognised by the Commissioners under Section 62 of the principal Act, and any reference to a Local Medical Committee shall have effect only where a Local Medical Committee has been so formed and recognised :

"Panel Committee" means a committee appointed under the provisions of Section 32 of the amending Act, and any reference to a Panel Committee shall have effect only where a Panel Committee has been appointed :

"Pharmaceutical Committee" means a committee elected under the provisions of Section 33 of the amending Act, and any reference to a Pharmaceutical Committee shall have effect only where a Pharmaceutical Committee has been elected :

"Association of deposit contributors" means an Association of deposit contributors formed for any County under any Regulations for the time being in force made for the purpose in virtue of the provisions of Sub-section (2) of Section 59 of the principal Act :

"Institution" means a system or institution existing on the 16th December, 1911, under or through which treatment was available on that date :

"Address" means full postal address :

"Year" means such period, corresponding as nearly as may be

to a calendar year, as may be fixed by the Commissioners for the purposes of the administration of medical benefit :

“Quarter ” means such period, being as nearly as may be a period of three months, as may be fixed by the Commissioners for the purposes of the administration of medical benefit.

(2) The Interpretation Act, 1889, applies to the interpretation of these Regulations as it applies to the interpretation of an Act of Parliament.

31.—In this part [Part IV] of these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them :—

“General Medical Benefit Fund ” means a fund established by the Commissioners in accordance with the provisions of this Part of these Regulations.

“Persons making their own arrangements ” means insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who are required or allowed to make their own arrangements for obtaining treatment.

“Insured members of institutions ” means insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who have elected and are entitled to obtain treatment through approved institutions as their medical benefit :

“Persons on panel-lists ” means all insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who are not persons making their own arrangements or insured members of institutions.

52.—(1) In this Part [Part VI] of these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them :—

“Representation ” means a representation made to the Commissioners that the continuance of a practitioner upon the panel is prejudicial to the efficiency of the medical service of the insured :

“Complainant ” means any person or body making a representation to the Commissioners under this Part of these Regulations :

“Inquiry ” means an inquiry held in accordance with the provisions of this Part of these Regulations, and “Inquiry Committee ” means the committee constituted under this Part of these Regulations for the purpose of holding an inquiry :

“Appointed day ” means the day appointed for the holding of an Inquiry.

(2) The forms set out in the Sixth Schedule to these Regulations or other forms substantially to the like effect shall be used in all cases to which those forms are applicable.

SEAMEN'S MEDICAL BENEFIT REGULATIONS, 1913

2.—(1) In these Regulations, unless the context otherwise requires, the following expressions have the meanings hereby respectively assigned to them :—

“ Member ” means a member of the Society, not being a member for purposes of pension only, who is an insured person under the Act and entitled to Medical Benefit.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912

[These Regulations, not coming strictly under the Insurance Act, have been condensed by the elimination of superfluous words.]

Article I.—In these Regulations, unless the contrary intention appears :—

- (a) “ Masculine gender ” includes females ;
- (b) The “ singular ” includes the plural, and words in the plural include the singular ;
- (c) “ Writing ” includes printing and other modes of representing or reproducing words in a visible form ; “ printing ” includes other mechanical modes of so representing or reproducing words ;
- (d) “ Local Authority ” means, as the case may be, the Mayor, Aldermen, and Commons of the City of London in Common Council assembled, the Council of a Metropolitan Borough, the Council of a Municipal Borough, or other Urban District, or the Council of a Rural District ;
- (e) “ District,” the District subject to jurisdiction of Local Authority for purposes of Public Health (London) Act, 1891, or Public Health Act, 1875 ;
- (f) “ Joint Committee,” a Joint Committee constituted for a combination of Poor Law Unions in pursuance of Section 8 of Poor Law Act, 1879 ;
- (g) “ Board of Managers,” the Board of Management of an Asylum District under Metropolitan Poor Act, 1867, or of a School District under Poor Law Amendment Act, 1844 ;
- (h) “ Tuberculosis Dispensary,” a non-residential institution, approved by Local Government Board under Insurance Act, 1911, for treatment of tuberculosis ;
- (i) “ Sanatorium,” a residential institution, approved by Local Government Board under Insurance Act, 1911, for treatment of tuberculosis ;
- (j) “ Poor Law Institution,” a Workhouse, Workhouse Infirmary, or other building subject to the government of a Board of Guardians, or of a Joint Committee, or an Asylum (not being a lunatic asylum) or School subject to the government of a Board of Managers ;
- (k) “ Hospital,” any hospital, dispensary, or institution for

treatment of the sick ; includes lunatic asylum but not a Poor Law Institution, Tuberculosis Dispensary, or Sanatorium ;

(*l*) " Institution," a Hospital, Poor Law Institution, Tuberculosis Dispensary, or Sanatorium ;

(*m*) " Medical Practitioner," any person for the time being registered under the Medical Acts ;

(*n*) " Medical Officer," when used in relation to a Poor Law Institution, Tuberculosis Dispensary, or Sanatorium means the Medical Practitioner in medical charge of the patients at the institution or any Medical Practitioner who may be authorised or appointed to act as deputy of or substitute for the first-named Medical Practitioner, and the expression when used in relation to a Hospital means any Medical Practitioner in medical attendance on a patient at a Hospital ;

(*o*) " Medical Officer of Health," of a Local Authority ;

(*p*) " School Medical Inspector," any Medical Practitioner appointed under Section 13 of Education (Administrative Provisions) Act, 1907, to undertake medical inspection of children attending a Public Elementary School ;

(*q*) " Previous Regulations " means the Public Health (Tuberculosis) Regulations, 1908, the Public Health (Tuberculosis in Hospitals) Regulations, 1911, and the Public Health (Tuberculosis) Regulations, 1911 ;

(*r*) " Form A," " B," " C," and " D," mean respectively Form A, B, C, and D in Schedule A to these Regulations ;

(*s*) " Week " means a week ending at midnight on Saturday.

DOMICILIARY TREATMENT OF TUBERCULOSIS ORDER

Article I.—In these Regulations, unless the contrary intention appears :—

" Sanitary District " means City of London, any Metropolitan Borough, Municipal Borough, Urban District, or Rural District ;

" Sanitary Authority " means any Local Authority entrusted with execution of Public Health Act, 1875, or in case of London, the Public Health (London) Act, 1891 ;

" Medical Practitioner," a registered Medical Practitioner ;

" Consulting Officer," the Consulting Officer of a Dispensary approved under National Insurance Act, 1911, for treatment of tuberculosis in City of London, any County Borough, or Metropolitan Borough, or Administrative County (other than the Administrative County of London) or until such Officer has been appointed, the Medical Officer of Health of City of London, County Borough, or Metropolitan Borough, or Administrative County, or such other Medical Practitioner as may be approved on application of an Insurance Committee.

INTERPRETATION OF REGULATIONS.

The Interpretation Act, 1889, applies to interpretation of Regulations, as it applies to interpretation of an Act of Parliament.

REPORTS, LECTURES, ADVICE, ETC.

INSURANCE ACT, 1911

60.—(1) The Insurance Committee of a county or county borough shall, in addition to the other powers and duties conferred and imposed on it by this Part of this Act, have the following powers and duties :—

(a) It shall make such **Reports as to the Health of Insured Persons** within the county or county borough as the Insurance Commissioners, after consultation with the Local Government Board, may prescribe, and shall furnish to them such statistical and other returns as they may require, and may make to them such other reports on the health of such persons and the conditions affecting the same, and may make such **suggestions** with regard thereto as it may think fit, and the Insurance Commissioners shall forward to the councils of the counties, boroughs, and urban and rural districts, which appear to them to be affected by or interested in any such reports, returns, or suggestions, copies of such reports, returns, and suggestions, and the reports and returns so made shall include such reports and returns as will enable an analysis and classification to be made of the persons who are deposit contributors ;

(b) It shall make such provision for the giving of **Lectures** and the **Publication of Information** on questions relating to health as it thinks necessary or desirable, and may, if it thinks fit, for that purpose make arrangements with local education authorities, universities and other institutions ;

(c) It shall keep proper books and accounts in the prescribed form and shall, when required, submit such accounts to audit by auditors appointed by the Treasury.

(2) For the purpose of assisting Insurance Committees in the exercise and performance of their powers and duties under this part of this Act, and with a view to promoting co-operation between such committees and the councils of counties, boroughs, and urban districts, any **Medical Officer of Health** may, at the request of an Insurance Committee, and with the consent of the council by

whom he is appointed, attend meetings of the committee and give such **advice and assistance** as is in his power.

(3) For the purposes of this section, the council of a borough includes the mayor, aldermen, and commons of the City of London in common council assembled, and the council of a metropolitan borough.

NOTIFICATIONS

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912

NOTIFICATION FORMS

Article IV.—Every Local Authority shall provide a sufficient supply of Notification Forms (Schedule A), and, when application is made, furnish—(a) Form A. to every Medical Practitioner resident or practising within the District of Local Authority. (b) Form B to the School Medical Inspector or Inspectors of every Public Elementary School within the District of Local Authority. (c) Form C and Form D to Medical Officers of every Poor Law Institution and Sanatorium within District of the Local Authority.

NOTIFICATION BY MEDICAL PRACTITIONERS

Article V.—Every Medical Practitioner (unless acting as School Medical Inspector) attending on or called in to visit any person (whether at Institution or otherwise), shall, within forty-eight hours after becoming aware that such person is suffering from Tuberculosis, make and sign notification of Case in Form A, and transmit it to Medical Officer of Health for District within which residence of the person is situate at date of notification.

A Medical Practitioner shall not notify a case if he has reasonable grounds for believing that the case has been notified.

If a notification is required in respect of an in-patient at an Institution, the notification shall be sent to Medical Officer of Health for District in which the usual place of residence of patient is situate.

WEEKLY NOTIFICATION BY SCHOOL MEDICAL INSPECTORS

Article VI.—Every School Medical Inspector shall, after the end of each week, make and sign a notification in Form B of all cases of Tuberculosis of which he has become aware in course of inspections made by him during the week of children attending Public

Elementary Schools, and transmit notification to Medical Officer of Health for District within which the places of residence of the children are situate. When the places of residence are in more than one District, a separate notification shall be transmitted to Medical Officer of Health of each District.

WEEKLY NOTIFICATION BY MEDICAL OFFICERS OF POOR LAW
INSTITUTIONS AND SANATORIA

Article VII.—The Medical Officer of a Poor Law Institution or of a Sanatorium, shall, after the end of each week—

(a) make and sign a notification in Form C of all cases of Tuberculosis admitted during the week, and not being cases which are required to be notified under Article V of these Regulations, and transmit notification to the Medical Officer of Health for District within which residence of the persons notified are situate; and

(b) make and sign a notification in Form D of all cases of Tuberculosis discharged during week, other than cases transferred to a Poor Law Institution or a Sanatorium, and transmit the notification to the Medical Officer of Health for District within which places of destination of the persons notified are situate.

When the places of residence, or the places of destination of the persons to be notified are in more than one District, a separate notification shall be transmitted to the Medical Officer of Health of each District.

SCHEDULE A

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912

FORM A

*Form of Notification under Article V (i.e., of cases
not previously notified)*

To the Medical Officer of Health for the_____ of_____

I hereby give you notice that, in my opinion,_____ in relation to whom particulars are appended, is suffering from Tuberculosis of the¹_____

Place of Residence² at date of notification_____

Usual place of Residence³ (if other than stated above)_____

Age_____ Sex_____ Occupation_____

Dated this_____ day of_____, 19____

Signature of Notifying Practitioner_____

Qualifications_____

Address_____

FORM B

Form of Notification by a School Medical Inspector, under Article VI, of cases not previously notified by him

To the Medical Officer of Health for the _____
of _____

I hereby give you notice that, in my opinion, the children of whom particulars are appended are suffering from Tuberculosis.

Name of Child in full.	Age.	School.	Place of Residence (give home address in full). ²	Localiza- tion of Disease.

Dated this _____ day of _____, 19__

School Medical Inspector (Signed) _____

FORM C

Form of Notification to be used by Medical Officers of Poor Law Institutions and Sanatoria under Article VII (a) for Patients who have been notified before admission.³

To the Medical Officer of Health for the _____
of _____

I hereby give you notice that the persons affected with Tuberculosis of whom particulars are given below have been admitted to⁴ _____ during the week ending _____ 19__

Name in full.	Age.	Localization of Disease.	Place of Residence before admission (give address in full). ⁵

Dated this _____ day of _____, 19__

Medical Officer of the above named Institution
(Signed) _____

FORM D

Form of Notification (after discharge) by Medical Officers of Poor Law Institutions and Sanatoria under Article VII (b)

To the Medical Officer of Health for the _____
of _____

I hereby give you notice that the persons affected with Tuberculosis, of whom particulars are given below, have been discharged from⁴ _____ during the week ending _____ 19__

Name in full.	Age.	Localiza- tion of Disease.	Place of Residence before admission (give address in full). ^a	Place of Destination (give address in full). ^a

Dated this _____ day of _____ 19____

Medical Officer of the above-named Institution

(Signed) _____

(1) Here state the localization of the disease.

(2) Care should be taken to ascertain accurately the patient's place of residence. Where necessary, the name of the town or village and of the county in which it is situated should be stated, as well as the name or number of the house and the name of the street.

(3) Patients who have not been notified before admission are to be notified on Form A.

(4) Here state the name of the Institution.

(5) Care should be taken to ascertain accurately the patient's place of residence. Where necessary, the name of the town or village and of the county in which it is situated should be stated, as well as the name or number of the house and the name of the street.

In the case of a patient transferred to an Institution from another Institution, the "place of residence before admission" shall mean the place of residence before the patient's admission to the first Institution.

(6) Care should be taken to ascertain accurately the patient's place of residence and place of destination. Where necessary, the name of the town or village and of the county in which it is situated should be stated, as well as the name or number of the house and the name of the street.

DIAGNOSIS OF TUBERCULOSIS

Article VIII.—A Medical Practitioner shall be deemed to have become aware that a person is suffering from Tuberculosis when he has arrived at this conclusion from evidence other than that derived solely from tuberculin tests applied to that person.

TRANSMISSION OF NOTIFICATIONS

Article IX.—A notification to be transmitted to a Medical Officer of Health may be transmitted by being delivered to that Officer, or to his office or residence, or sent by prepaid letter post to his office or residence. Every notification shall be enclosed in a sealed envelope.

DUTIES OF MEDICAL OFFICERS OF HEALTH

Article XI.—(1) A Medical Officer of Health, on receipt of a notification erroneously addressed to him, shall transmit notification to Medical Officer of Health to whom notification ought to have been addressed, and at the same time inform the Medical Practitioner, giving him name and address of Medical Officer of Health to whom notification has been sent.

(2) Every Medical Officer of Health shall enter in a Register full particulars contained in every notification received by him relating to a person whose residence or place of destination is within the District for which he is Medical Officer of Health. The Register shall be kept in the custody of the Medical Officer of Health and shall not be open to inspection by any person other than a person specially authorised by resolution of Local Authority, Medical Officer of Health for the Administrative County within which the District is situate, a School Medical Inspector for any area within

which the District is situate, or an Officer of any Government Department authorised in that respect by that Department.

Every notification and document relating to a person notified shall be regarded by every person who has access thereto as confidential.

(3) The Medical Officer of Health shall, after the end of each week, send to Medical Officer of Health for the Administrative County within which the District is situate a statement of every notification received during week and relating to a person whose residence is within the District for which he is Medical Officer of Health. The statement shall show on which Form the notification was made and contain the information given in the notification.

NOTIFICATION NOT REQUIRED IN CERTAIN CASES

Article XIV.—Nothing in these Regulations shall apply to or impose any duty or obligation upon any Medical Practitioner acting in his capacity as—(a) Medical Officer of one of His Majesty's Prisons or of a Borstal Institution, a Certified Reformatory School, a Certified Industrial School, a State or Certified Inebriate Reformatory, or a Criminal Lunatic Asylum; (b) Medical Examiner of candidates for some office or appointment; (c) Medical Examiner on behalf of an Insurance Company of a person proposing to insure his life at the risk of that Company; (d) Medical Examiner of the passengers and crew of an emigrant ship; or (e) Certifying or appointed Surgeon under the Factory and Workshop Acts.

Article XV.—Nothing in these Regulations shall require a notification to a Medical Officer of Health in respect of any inmate of any building, ship, vessel, boat, tent, van, shed or similar structure belonging to His Majesty the King.

Circular A.S. 91.

MEDICAL CERTIFICATES

1. In response to representations made from many quarters, the National Health Insurance Commission (England) have had under general review the question of the form of medical certificates required to be furnished to Approved Societies in connection with claims for Sickness and Disablement Benefits under the National Insurance Act.

2. It has been urged that unnecessary trouble and delay can be prevented if, in all cases in which he is asked to give a medical certificate in support of a claim for sickness or disablement benefit, the doctor has before him the same form of words for signature, instead of having to handle the many different kinds and forms of certificates that are at present proffered to him by members of different Societies; and if, further, in the case of initial certificates, the necessary blank forms can be supplied in bulk to the doctor so that he always has forms immediately available for use when required, and does not have to wait for a particular form to be obtained by the patient from his Society. It is also clear that Societies will be saved labour and

expense if, instead of having, as at present, to deal with a number of certificates which may not fulfil their requirements, and which they are in consequence unable to accept, they are assured of always receiving a standard certificate fulfilling the requirements of all Societies, and so accorded universal recognition. For similar reasons a uniform certificate will also be a great convenience to the insured person.

3. The enclosed forms of certificate have therefore been prepared to facilitate a general acceptance (a) of one uniform initial certificate; and (b), in the case of "continuing" and "off" certificates, of a uniform wording of the actual certificate by the doctor, with freedom for such modifications otherwise in the form and contents as the needs of the different types of Societies render desirable.

4. In the preparation of these forms the Commission have had the advice and assistance of the representatives of the medical profession on the Advisory Committee and of Approved Societies of various types.

5. The Forms provide a space for the doctor to fill in the name of the disease or accident, because the Rules of the great majority of Approved Societies require that their members shall obtain and furnish this information as a condition of receiving sick pay, and the members thus need the information, and will therefore ask the doctor to give it. In entering the name of the disease and signing a certificate in the shape indicated in the Form, the doctor is not breaking any professional confidence, since he is giving the information at the request of the patient, and giving it, too, not to any third party, but only to the patient himself (or herself). The question of dealing with those very exceptional cases in which the doctor would not state even to the patient himself the name of the disease from which he is suffering, for fear of retarding his recovery, can of course be met by special arrangements.

INITIAL CERTIFICATES—FORM MED. 34

6. Form Med. 34 is the *initial* certificate, which, on being signed by the Doctor, will be furnished by the member to the Society with his declaring-on note. It is proposed to supply this Form in books to doctors on the panels, and to institutions approved under Section 15 (4) of the Act, so that a doctor will be able to furnish the necessary certificate to an insured person directly he sees him and finds him incapable of work. It will be observed that the words on the form "specific disease or bodily or mental disablement" follow exactly the words of Section 8 (1) (c) of the National Insurance Act. The Commission take the view that any Society should ordinarily accept Form Med. 34 (properly completed) as sufficient initial proof of incapacity for work, without requiring the production of any further initial certificate.

CONTINUING AND FINAL CERTIFICATES—FORMS A.S. 75 & 76

7. It is intended that each Society should, as at present, decide for itself as to the particular shape and contents of the form or forms which it will use for obtaining *continuing* certificates and *final* certificates, provided that the form of words which the doctor is to sign shall always be identical with that in the enclosed Model Forms A.S. 75 and 76. These two different Model Forms are enclosed, in the belief that they may be useful to suggest convenient shapes for continuing and final certificates. One of them, Form A.S. 76, would be useful for societies which require the member to obtain a continuing certificate in each week on a separate sheet. Some societies, on the other hand, prefer, instead of separate weekly certificates, to use a Schedule providing for a series of weekly entries, sometimes comprising thirteen consecutive weeks,¹ for giving proof of continued incapacity. Form A.S. 75 may suggest one way of providing for this, but it must be clearly understood that it is intended simply to indicate one out of many various

¹ It will generally be inadvisable that such schedule should cover a period longer than thirteen weeks, since in most cases it is necessary that the form be returned permanently to the Society at the end of the quarter for purposes of audit.

ways in which societies can arrange such Schedules ; and of course the society will arrange the Form to meet the requirements of its own administration, and can please itself as to the nature of the different items of information which it will include on the form which it adopts, and as to the arrangement of the different items on the sheet, provided only that the particular form of words to be signed by the doctor, shown in the Model Form, is retained.

8. It is of great importance that, in the case both of the separate weekly certificates and of the sheet comprising several consecutive weekly certificates, the requisite form for a final certificate shall be printed on every sheet which contains a form for a continuing certificate, so that there may be always available, whenever the patient sees the doctor with a view to a continuing certificate, a form for a final certificate, in case this be needed ; doctors have represented that the absence of the form requisite for a final certificate often renders it difficult for them to certify a person fit to resume work immediately they are satisfied that he has actually recovered.

SUPPLY OF CERTIFICATE FORMS

9. Each Society will, as at present, provide its own continuing and final certificates ; as regards the initial certificates, however, the Commission are prepared to arrange, for the present, for the supply through Insurance Committees to all panel doctors and approved institutions of an adequate number of books of Form Med. 34.

10. There is no necessity for a Society to discontinue at once the use of its existing stock of forms for continuing and final certificates, if these are found satisfactory ; but the Commission attach great importance to the observance, in any reprint that may be ordered, of the principles above set out.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE,
LONDON, S.W.

July, 1913.

Form Med. 34.

NATIONAL HEALTH INSURANCE.

MEDICAL CERTIFICATE OF INCAPACITY FOR WORK.

Name -----

Confidential. Form for Initial Certificate.

Illness -----

To -----

I HEREBY CERTIFY that I have to-day examined you, and that you are, in my opinion, suffering from -----¹ and are thereby rendered incapable of work.

Date -----

¹ This space is provided for the doctor to insert the name of the specific disease, or bodily or mental disablement, as required by insured persons for claiming Sickness Benefit under the Rules of the great majority of Approved Societies.

Society -----

----- Doctor's Signature.

----- Date.

Number -----

To be filled in by the Member.

Membership No. -----

Member's Address -----

Society -----

Branch -----

The completion of the counterfoil is at the doctor's discretion.

OUTLINE OF FORM FOR CONTINUING AND FINAL CERTIFICATES SINGLE SCHEDULE SYSTEM

This form should always be returned to the Society at the end of the illness or the end of the quarter in which it is issued, whichever is the earlier. It should be carefully kept by the Society.

To be filled in by the Member.

Member's Address _____ Membership No. _____

Society _____ Branch _____

Confidential.

To _____
(The member should here insert his name before presenting the sheet to the Doctor.)

CONTINUING CERTIFICATES.

I hereby certify that I have to-day examined you, and that you have, in my opinion, remained incapable of work owing to *the specific disease or bodily or mental disablement stated in my last certificate.*¹

(_____)
up to and including the date shewn below.

¹ If preferred, the doctor may delete the italics and insert nature of illness between the brackets.

Signature of Doctor.	Date.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional columns for other information, *e.g.*, sick visitors, may be included on the sheet if the Society desires, and the position of any of the items on the sheet may be just as the Society prefers.

Confidential.

FINAL CERTIFICATE

I hereby certify that I have to-day examined you, and that you have, in my opinion, remained incapable of work owing to _____
the specific disease or bodily
_____ up to and including _____ 19____, and are
or mental disablement stated in my last certificate to-day

now fit to resume work.

Signature.

Date.

The Society may here add the Member's declaring-off note, if desired.

Form A.S. 76.

FORM FOR CONTINUING AND FINAL CERTIFICATES SEPARATE SHEET SYSTEM

To be filled in by the Member before the certificate is presented to the doctor.

Membership No. _____

Member's Address _____

Society _____

Branch _____

CONFIDENTIAL.

To _____ [The member should here insert his name before presenting the certificate to the doctor.]

CONTINUING CERTIFICATE

I hereby certify that I have to-day examined you, and that you have, in my opinion, remained incapable of work owing to ¹ { _____
the specific disease or bodily or mental disablement stated in my last certificate
up to and including to-day.

_____ Signature.

_____ Date.

¹ NOTE.—The Doctor may either enter the name of the disease on the line or utilise the words in small print as he may think preferable in the circumstances of each case.

FINAL CERTIFICATE

I hereby certify that I have to-day examined you, and that you have, in my opinion, remained incapable of work owing to ¹ { _____
the specific disease or bodily or mental disablement stated in my last certificate
up to and including _____ and are now fit to resume work.
to day

_____ Signature.

_____ Date.

¹ NOTE.—The Doctor may either enter the name of the disease on the line or utilise the words in small print as he may think preferable in the circumstances of each case.

IRELAND

NOTICE TO INSURED PERSONS *re* MEDICAL CERTIFICATES

It is intended that a panel of doctors should be formed for each County and County Borough in Ireland for the purpose of granting to insured persons (free of cost to them) the Medical Certificates which are required before sickness benefit or sanatorium benefit can be obtained.

A list of the names of the doctors on the panel for any County or County Borough in which a panel has been formed may be seen at any Post Office in that County or County Borough, or can be obtained, on application, from the Secretary, Irish Insurance Commissioners, Dublin.

Insured persons can select any doctor on the panel list who is willing to accept them. *They should detach and fill in without delay the necessary particulars in the Identification Note below and then bring or send the Identification Note to the doctor they have selected.* The doctor will sign his name in the space provided and forward the Identification Note to the Insurance Committee of the area. Insured persons cannot have their names on more than one doctor's list at the same time. In ordinary circumstances, once an insured person has been accepted by a doctor, no change is permissible until after the 14th January, 1914, and then only subject to two months' previous notice having been given to the Committee.

If, however, an insured person is treated by a doctor on the panel who is not the doctor selected by him, his name will be transferred immediately to the panel list of the doctor in attendance. The making of such transfers will not be rendered necessary if an insured person selects as his panel doctor the doctor who usually attends him or by whom he expects to be treated, when ill, if such doctor is on the panel.

Unless and until the insured person hears to the contrary, he will understand that the Doctor whom he selects will be the Doctor to whom he should apply for Medical Certificates.

If insured persons neglect to have their names placed on a Doctor's list before the 30th April, the Insurance Committee will forthwith allocate them to medical practitioners on the panel.

Insured persons who have not been accepted by the doctors to whom they handed or forwarded their Identification Notes, will also be allocated by the Insurance Committee to some other doctors on the panel.

Insured persons obtaining Medical Certificates from any doctor not on the panel for the area must do so at their own expense.

If insured persons change their residence from one County or County Borough to another County or County Borough, they must immediately notify the Insurance Committee of the area *to which they remove*, of their new place of residence. Similarly, if they change their place of residence within the same County or County Borough and desire, owing to such change of residence, to select another panel doctor, they must immediately notify to the Committee their new address.

An insured person who desires to obtain a Medical Certificate from his panel doctor should attend at the doctor's Surgery for examination, unless he is physically unable to do so.

(This Notice should be detached from the Identification Note and retained by insured persons for their information.)

IDENTIFICATION NOTE

To be filled in by insured person and then brought or sent to the
Doctor whom he selects

Write here your full Christian names and surname (the initials of your
Christian name or names will not suffice) and also the exact address in full
where you are now living.

Name (or mark) _____

Witness _____

Town or Townland (as the case may be) _____

County _____

Date _____ April, 1913.

If a member of a Society, state name of Society and Branch _____

Contributor's number in Society _____

If a Deposit Contributor, state number of book _____

To be filled in by Medical Practitioner.

I accept
do not accept the above named for inclusion in the list of insured persons
for whose medical certificates I undertake responsibility.

Name in full _____

Address in full _____

Date _____ April, 1913.

N.B.—This form when filled up to be sent by the Medical Practitioner to
the Clerk of the Insurance Committee on or before the 30th April, 1913.

Memo. 187/I.C.

MEDICAL CARDS

Memorandum with regard to the introduction of the Medical Card System

1. Frequent representations have been made to the Commissioners by Insurance Committees with regard to certain inconveniences arising from the present arrangements for choice of doctor, etc., by means of Form Med. 32, and to the difficulties experienced by them in tracing the Index Slips of insured persons who have removed to their respective areas under the present system of notification of changes of address. To these difficulties the Commissioners have for some time given their careful attention, fully appreciating, as they do, the importance, for purposes both of financial and of administrative convenience, of a simple uniform method of effecting the changes in the Index Register necessitated by removals, and of obviating the expense and labour of tracing Index Slips under the present system where the provisions as to notification have not been complied with.

2. In adopting the voucher system explained below for the purpose of facilitating the work of Insurance Committees in this connection, the Commissioners have also been influenced by considerations and representations

as to the advantages which that system would secure from other aspects of the administration of Medical Benefit. It appears, for example, that the proposed voucher itself would serve as a convenient vehicle for imparting to insured persons information and instructions as to the procedure to be adopted by them in obtaining the benefit, the Rules which they are expected to observe, and their rights and duties in certain connections, a more widely spread knowledge of all of which should considerably facilitate administration. Further, as the lists of doctors are gradually being increased by personal acceptances, it is obvious that doctors themselves will experience increasing difficulty in identifying the persons for whose treatment they are responsible when those persons present themselves for treatment; and the Commissioners have received a clear intimation of the desire of the medical profession that insured persons should be provided with a voucher, the production of which can be required upon an application for treatment, if necessary, and which will afford the doctor an immediate means of identifying his panel patients without the necessity for an examination of his card index list. Other advantages will, it is believed, become apparent when the proposed system is appreciated in detail; but as the merits of the system have already been discussed at the recent conferences with representatives of Insurance Committees, the foregoing observations will doubtless be sufficient as to the objects which it is hoped to secure by the present proposals.

The Medical Card

3. A specimen print of the Medical Card adopted is enclosed. As the Commissioners have indicated at the conferences recently held, they will themselves furnish to Committees the necessary supplies of Cards in the form shown, completed by the printed insertion of the necessary local particulars and information for issue by each individual Committee. It is expected that supplies will be available before the end of the present month.

4. It will be seen that the Medical Card is a double-fold card measuring $4\frac{1}{4}$ inches by $3\frac{7}{8}$ inches when doubled, containing on the front page spaces for the manuscript entry of particulars as to the insured person's name, address, Society and Branch, and number in insurance book (*i.e.*, membership number or number as deposit contributor). In the case of a deposit contributor, the letters "D.C." will be inserted in the space provided for name of Society. Similarly in the case of an exempt person, the word "Exempt" will be inserted, and in this case the number of the certificate of exemption, which will be shown on the Index Slip, will be inserted in the space reserved for the number in insurance book. A space is also provided for the entry of the name of the doctor or institution on whose list the insured person has been placed, and for the stamp of the Committee showing the date of issue. Where no choice has been exercised in the area of the Committee issuing the Card, these spaces will be left blank when the card is issued in the first instance. When the Card is returned to the Committee by the doctor in order that the insured person may be placed upon his list, the name of the doctor will be inserted and the Committee's stamp affixed.

5. The second page consists of instructions of a general nature as to the procedure to be followed by the insured person in order to obtain medical benefit on removal or otherwise.

6. The third page is divided into two main sections, each of which takes the form of an application by the insured person to be placed on the list of a particular doctor or institution, when permanently resident in the district in which the doctor practises. The first section (Part A) is intended for use by an insured person who is not already on the list of a doctor or institution, and who has received the card from the Insurance Committee with the space at the foot of the first page blank. The second section (Part B) is intended for use by the insured person for making a choice after a removal (otherwise than temporary) by reason of which he is unable to

obtain treatment from the doctor or institution named in the card. A space is provided at the foot of the page in which the insured person should sign his name immediately upon receipt of the card from the Committee in the first instance; and additional spaces have been provided, at the request of several Insurance Committees, in which the doctor accepting can indicate that he desires to claim mileage under any approved scheme of the Committee, or to supply drugs.

7. The upper half of the fourth page of the card is occupied by a summary of the Rules of the Committee, so far as they immediately concern the insured person. The lower half is for use in obtaining treatment during temporary residence, and embodies a declaration by the insured person as to the temporary nature of his residence in the district in which treatment is desired. Spaces are also provided for the signature of the doctor accepting and for the dated stamp of the Committee.

8. It will be seen that provision is made on pages 1 and 4, *i.e.*, on each half of the Card, for the insertion of the Committee's cipher and the number allotted to the list of the doctor or institution responsible for the treatment of the insured person. It is understood that the majority of Committees have found it convenient to number the lists; and it is suggested that any Committees who have not as yet adopted this procedure, should now do so, inasmuch as the Committee cipher and list number combined form a reference key, which, when quoted, will enable the Committee to refer immediately to the insured person's slip in the medical index, and thence to the slip in the Index Register.

Issue of Medical Card

9. On and after the 12th January next no choice of method of obtaining treatment will be permitted to be exercised except by means of the Medical Card. It will be seen that the Medical Card, while similar in some respects to the red medical ticket issued at the commencement of medical benefit, differs from it in one important respect, *viz.*, that it is issued by the Committee in whose area the insured person is resident.

10. Insured persons will obtain this Medical Card in the following ways—

(a) *New Entrants.*—The Society will, immediately upon the insured person's entry into insurance, issue to the Committee an Index Slip. The Committee receiving the Slip, or, if any reallocation is necessary, the Committee to whom the Slip has been finally reallocated, will thereupon issue to the insured person a Medical Card.

The new system will, of course, render it imperative that Approved Societies should forward Index Slips to Committees immediately upon the acceptance of the new entrants as members of the Society, without waiting for the surrender of a contribution card; and a Circular will be issued to Societies directing their attention to this necessity, and emphasizing the importance in the interests of their members of prompt action in this matter.

As regards deposit contributors and exempt persons, Committees should issue a Medical Card immediately on receipt of a slip, except where the slip shows that the contributor is not entitled to benefit until a later date, in which case the Card should be issued shortly before that date.

(b) *Insured Persons who have already chosen a Doctor, etc.*—Each Committee will, as soon as the necessary arrangements can be made, issue to each of the persons who have chosen doctors, etc., in their area a Medical Card, completed by the insertion of the name of the doctor or institution selected in the appropriate space at the foot of the first page. As each doctor's list is dealt with, the Committee will notify the doctor that he is in a position to require the insured persons on his list to produce the Card before giving treatment in any cases where such course appears to be necessary.

(c) *Insured Persons already in Insurance who have not Selected a Method of Securing Treatment.*—These persons will be required to obtain a Medical

Card before they can exercise a choice. They will apply for a Card by obtaining a form at the nearest Post Office, and sending it in to the Committee whose address is shewn on the Panel list in that Post Office. The form (a print of which is enclosed) requires the insured person to give all the information necessary to establish his title to medical benefit, and to enable the Committee to trace his Index Slip, if not already in their possession, and it can be referred to the applicant's Approved Society for information on either point, if necessary. If the Index Slip is already in the possession of the Committee, they will, of course, issue the Medical Card forthwith. If, however, the Index Slip is not in the possession of the Committee, steps will be taken to trace it, and a Medical Card will be issued on its recovery. If undue delay arises in tracing the slip, the Committee will, if satisfied as to the applicant's title to medical benefit, and if any further delay in the issue of the Card would prejudice the insured person, issue the Medical Card and write a Suspense Slip, without, however, relaxing their efforts to trace the Index Slip.

11. All insured persons will thus either be furnished with a Medical Card by the Insurance Committee, or will be enabled to obtain one when required.

12. As already stated, no insured person will, on and from 12th January next, be able without a Medical Card to exercise a choice, or to claim treatment from the doctor selected, though the latter condition will not be enforced at the outset against persons on the lists of doctors to whose patients Medical Cards have not yet been issued.

Method of using Medical Card

13. *Selection of Method of Treatment.*—Persons who have not already exercised a choice will, either upon their own application, or in the case of new entrants, without such application, receive a card with the spaces at the foot of the first page in blank. The insured person will present the card to the doctor or institution after filling in Part A on the third page; and, if he is accepted, the doctor or institution will retain the card, and forward it to the Committee. The Committee will enter the name of the doctor or institution in the appropriate space on page 1 and stamp the card, which will then be returned to the insured person.

14. *Removals.*—In all cases of removal, whether temporary or permanent, the action to be taken by the insured person on his own initiative will be simple and uniform. In either case he will be entitled to present his Medical Card to the doctor or institution by whom he may desire to be treated in the new area, after completing the appropriate portion of either page 3 or page 4 according as his stay is likely to last for more or less than three months.

Where upon removal, either temporary or permanent, a Medical Card is presented to a doctor or institution in any other area than that of the Committee by whom the Card was issued, or in any other part of the same area than that in which the insured person can obtain treatment from the doctor or institution whose name is already entered on the Card, the doctor will retain the Card, if he accepts the applicant, and forward it to his Committee.

15. *Permanent.*—Where the card so presented purports to be an application by the insured person to be placed on the doctor's list by means of a permanent transfer, *i.e.*, where the third page of the voucher has been completed by the insured person, the card will, as already stated, be retained by the doctor and forwarded by him, with any other cards which may have been similarly retained by him, to the Committee of the new area. It will probably be found convenient to arrange that cards should be periodically transmitted to the Committee, for example, in weekly batches as and when received. The Committee will thereupon issue to the insured person a new Medical Card bearing their stamp and with the name of the doctor, etc., endorsed. It will, of course, be understood that following the present practice, the insured person will be regarded as on the list of the doctor as from the date of issue of the new Card.

16. It is at this stage in the procedure that, in the opinion of the Commissioners, a very considerable saving of labour and inconvenience to Committees will result from the new system. The old Medical Card necessarily surrendered by the insured person upon making his fresh choice bears on its face evidence as to the Committee in whose area he was last registered. The new Committee will apply direct to that Committee for the Index Slip, forwarding, it is suggested, the first half (*i.e.*, pages 1 and 2) of the old Card for the satisfaction of the Committee of origin, and retaining the other half for their own protection pending the receipt of the Index Slip. The latter Committee will at once be in a position to forward the Index Slip; and, as the portion of the old Card forwarded will also inform them as to the doctor or institution on whose list the insured person has been placed, they will immediately be able to strike the insured person off the list of the doctor or institution. If the Medical Card was issued by the old Committee by virtue of a Suspense Slip only, in any of the circumstances referred to in paragraph 42 and the last part of paragraph 10 (*c*) the Suspense Slip will be transferred, and the task of establishing the Suspense Slip which previously devolved upon the old Committee will, of course, devolve upon the new Committee. The machinery described will, however, secure that there will be no further duplication of Suspense Slips and Index Slips in respect of persons to whom Medical Cards have been issued, and will enable a clean and automatic clearance of the Index Register to be effected in respect of such persons as from the date of the introduction of the system, leaving any confusion and duplication which had previously arisen to be gradually eliminated by other methods.

17. *Temporary.*—As in the case of permanent removals, the insured person will present his old Medical Card to the doctor or institution by whom he may desire to be treated during his temporary residence, having previously completed page 4 of the Card. The circumstances which will in many cases attach to such applications render it necessary that they should be dealt with with special expedition, and that the transmission of the Card to the Committee should not be delayed until the doctor's next periodical despatch. The doctor should, therefore, forward the Card, in the case of an application for treatment during temporary residence, *at once*, and the Committee should make arrangements to deal specially with all such cases with a view to the Card being stamped and returned to the insured person by return of post.

18. It will be seen that the Medical Card will enable the insured person to obtain treatment during temporary residence in one area only and from one doctor. When the spaces provided for the purpose have been used, it will be necessary for the insured person who desires to provide himself with a means of obtaining treatment during temporary residence on another occasion to apply to the Committee by whom the Card was issued for the Card to be renewed, at the same time surrendering the old one. The old Card will thus in every case come under the notice of the Committee by whom it was issued before a further occasion can arise which might result in a case value debit to their funds; and they will therefore be in a position to make inquiry into any circumstances which in their opinion render such action desirable.

19. As the green voucher will no longer be used the particulars of the services rendered by the doctor will be entered on Form 92 I.C. (the form of account issued for the purposes of recording the services rendered to "Travellers" holding Yellow Vouchers), the Medical Card reference being entered on the account form in lieu of the Yellow Voucher serial number. When the present stock of Form 92 I.C. is exhausted, the Committee might conveniently revise the form in order to make it more generally applicable to both classes of persons.

20. It should be understood that ordinarily the doctor will not be entitled to charge to the Committee any services rendered to the applicant prior to the date of the Committee's stamp. In any case, however, where in the

opinion of the doctor the slight delay involved by this procedure would be prejudicial to the patient, and the doctor certifies to that effect on the form of account, the Committee should admit the charge.

21. In all cases in which a Medical Card is stamped for the purpose of treatment during temporary residence, the new Committee, immediately upon receipt of the Card, should communicate with the Committee of origin to the effect that arrangements are being made for the treatment of the temporary resident, in order that the Committee of origin may, if the insured person has already been suspended from medical benefit, or if, for any other reason, they desire to dispute his title to receive the treatment, at once communicate the facts to the new Committee. It will obviously be necessary that the Committee of origin, if they desire to take any action, should do so immediately upon receipt of the notification; and in practice it is suggested that the new Committee should assume that no question will be raised unless they receive the objections of the Committee of origin within the shortest period within which it would be reasonably possible for the latter Committee to reply by post.

22. In the rare cases in which the notification by the new Committee elicits the fact that the insured person is suspended, they should at once give notice to the doctor, who will refuse any further treatment to the insured person except as a private patient. The insured person will then be debarred from obtaining any further treatment in that area, or in any other area as a temporary resident by means of his Medical Card; and any attempt by him to be placed on the list of another doctor in any area as a permanent removal, or to obtain a new card for the purpose of receiving treatment as a temporary resident, will come to the notice of the Committee by whom the Medical Card was issued.

23. It will thus be seen that the Medical Card system provides adequate machinery for securing and enforcing in a practical manner the suspension from medical benefit of the persons to whom the Cards have been issued. In the comparatively infrequent case such as that described above, in which treatment under the Act, at most extending to a few days, has already been given to a temporary resident suspended from medical benefit, no case value debit would, of course, be raised against the Committee of origin, and the small cost involved would, unless payment is made by the insured person as a private patient, be charged against the Central Medical Fund.

24. All Committees should, of course, keep a record of all cards received and stamped by them for the purpose of treatment during temporary residence in their area, and of the date in each case on which the stamp was impressed, for the purpose of dealing with accounts rendered by doctors in respect of such treatment; and a record, similar to that at present used to register the issue of green vouchers, should be kept for the purpose of entering the notifications received from other Committees by whom treatment during temporary residence is given upon production of Medical Cards issued by the Committee.

25. Under the Medical Card system it will no longer be necessary for Societies to notify Committees of changes of address of their members, except where the removal is such as to result in the suspension of the member from Medical Benefit. Societies will, however, be asked to notify the removals which took place prior to the date of the introduction of the new system with the object of assisting Committees to clear their suspense registers.

Immediate Practical Steps

26. It is understood from the Conferences which have been held that the opinion of Insurance Committees is strongly in favour of the system being introduced at the beginning of the approaching medical year, viz., 12th January next, not only on account of the obvious general advantages which would result from the scheme coming into operation at the earliest possible date, but also on account of the fact that new panel lists will by that date

be universally issued and that certain new classes of persons will for the first time become entitled to medical benefit, the adoption for whom of the new system could not conveniently be delayed.

27. *Notice to Insured Persons.*—The first practical step is, therefore, to secure that notice is given to insured persons by means of the Committee's Post Office panel list and if possible, otherwise, of the new arrangements, and in particular that no choice of method of treatment can be exercised by insured persons on or after the 12th January next except by means of a Medical Card. It is obviously desirable, therefore, that the Committee's new panel list should contain full general instruction upon these matters; and, as advantage would result from uniformity, the Commissioners have drawn up the model paragraph, and are prepared to approve of its insertion in panel lists.

Notice to Insured Persons

Red medical tickets and Forms Med. 32 are no longer available for the purpose of choosing a doctor or institution and will not be accepted. Medical Cards issued by the Insurance Committee must be used instead.

If you have not yet selected a doctor or institution on this list you should apply for a Medical Card to the Clerk to the Insurance Committee,

, on a form which you can get at this Post Office. When you receive your Medical Card you should give it to the doctor on the panel or institution you wish to select. You should not delay doing so until you are ill.

If you are already on the list of a doctor or institution, you will in due course, without making application, receive a Medical Card from the Insurance Committee bearing the name of the doctor or institution, and after the Medical Card has been issued to you it must be produced to the doctor or institution whenever you require treatment.

The Medical Card will contain information as to the steps you should take to obtain Medical Benefit on change of address.

28. In connection with the new Panel Lists to be issued, the Commissioners take this opportunity of stating that they are informed by the Post Office authorities that considerable inconvenience has resulted in some cases to the officials of the Post Offices through the issue, for exhibition, of Panel Lists of such a size as to encroach unduly upon the space at the disposal of the Postmasters. Committees are reminded that the lists are exhibited at the Post Offices by the courtesy of H.M. Postmaster-General and that the space available for exhibition purposes is both limited and valuable. In no case, therefore, should the Panel List exceed foolscap size; and where the information to be given is too lengthy to be included in a single-sheet poster of this size, it will be necessary to arrange the list in the form of a book not exceeding the size in question, which, the Commissioners understand, will be hung up within the Post Office for reference.

29. *Insurance Committee Stamp.*—The Committee should provide themselves with a dating stamp, for the purpose of stamping Medical Cards passing through their hands in the manner described above. The stamp should be of such a size as to be capable of being imprinted within the spaces provided for the purpose, and should contain the cipher of the Committee in a distinct form, as well as the date on which the stamp was impressed. The use of printing ink will probably be found to give the most satisfactory impressions.

30. *Distribution of Medical Cards.*—With regard, generally, to the manner in which cards should be distributed to insured persons, it will be observed that the medical card has been so printed as to enable the name and address of the insured person entered on the first page to be also utilised for postal purposes by means of "window" envelopes, *i.e.*, envelopes containing a cut space on the front coinciding, when the card is inserted, with the particulars referred to. This variety of "window" envelope would in practice be found to be more satisfactory than the more expensive variety in the case of which

the cut portion is covered over with a sheet of transparent talc or waxed paper. Further, it would be of obvious advantage to the Committee if the cards issued by them which failed to be delivered by reason of the fact that the addressees had left the address as given, could be returned to them, as it would, of course, enable them to clear the Medical Index and Index Register in many cases in which the persons concerned had removed without the removal coming to the Committee's knowledge. With this object the Commissioners have been enabled to make arrangements whereby the undelivered cards will be forwarded by the General Post Office to the offices of the Commission, and there sorted out and returned to the Committee by whom they were issued. These special arrangements, which will make it possible for the postage to be prepaid at the halfpenny rate, if unsealed, will necessitate each Committee's envelopes being printed with the words "If undelivered, return to National Health Insurance Commission, Leonard Street, St. Luke's, London, E.C.," and with the cipher of the Committee:

31. In some areas it may be found to be more economical to substitute for delivery through the Post Office some other form of delivery by hand. Such an arrangement, where practicable, would doubtless have advantages, inasmuch as in many cases information would be obtainable as to the whereabouts of insured persons who have removed.

32. The Committee will in the first place require to issue Medical Cards before the 12th January next to three classes of persons who become entitled to medical benefit for the first time on that date, viz., persons aged 65 or over on entry into insurance, deposit contributors who entered into insurance during the third, fourth, and fifth quarters, and exempt persons.

33. *Persons aged 65 and over.*—Some operations in connection with the Index Register will be necessary before the Committee are in a position to carry out the issue of cards to these persons. The Committee should, however, be already in possession of the particulars as to persons of this class in their area, so far as members of Approved Societies are concerned, on orange slips endorsed in Section A, and, so far as such persons are deposit contributors, on yellow or green slips marked A3, E3, A6 or E6, and endorsed "Not entitled to Medical Benefit." Arrangements should be made at an early date in advance to prepare white or blue slips in substitution for the orange slips of Society members over 65, but it will probably be found convenient to keep these new slips separate in the Register until after the next count of the Register has been taken.

34. As soon as the new slips have been prepared, Medical Cards should be written and issued to the persons represented by the slips. Similarly, Medical Cards should be written and issued to Deposit Contributors represented by yellow or green slips marked A3, E3, A6 or E6 and endorsed "Not entitled to Medical Benefit." It will not, however, be necessary for Committees to prepare fresh slips for these deposit contributors, inasmuch as it will be sufficient if, in addition to cancelling the endorsement, the class of insurance is amended in the light of information which will be furnished in due course by the Commissioners. In the event of any Deposit Contributors over 65 not being entitled to medical benefit as from 12th January, owing to insufficiency of balance, etc., notice will be sent to the appropriate Committee at an early date and in any event before 5th January next.

Persons over 65 will not, of course, be entitled to medical benefit after the age of 70, unless at least 27 contributions have been paid in respect of them. The Committee will be notified in due course in the event of any such persons not being or ceasing to be entitled to medical benefit for this reason.

35. *Deposit Contributors who Entered into Insurance during the Third, Fourth, and Fifth Quarters.*—These contributors, with a few exceptions which will be notified to Committees before 5th January, will become entitled to medical benefit on 12th January; and Medical Cards should be issued to them before that date. The index slips of these persons will be distinguishable by the words "Third Quarter entrant," "Fourth Quarter entrant," or

"Fifth Quarter entrant," as the case may be. Committees who arrange their deposit contributor slips in numerical order may be assisted in identifying these slips by knowledge of the fact that they are numbered in a series from 650,000 to 700,000 (Men) and from 0650,000 to 0700,000 (Women).

36. *Exempt Persons.*—On 12th January next, exempt persons will become entitled to medical and sanatorium benefit subject to Regulations. Index Slips of a special colour are being prepared from the records of these persons in the possession of the Commissioners, and each Committee will at an early date be furnished with the slips relating to exempt persons resident in their area. Slips for exempt persons should be inserted in a separate section of the Index Register. The arrangements as to their inclusion in the Counts of the Register and as to the procedure for notifying Committees of their suspension will be communicated subsequently.

37. As slips in respect of exempt persons are received by the Committee, Medical Cards should be prepared for despatch to the persons represented thereby.

38. A Circular letter will be addressed by the Commission to each exempt person entitled to medical benefit bearing his address in the records of the Commission. The exempt persons will be informed by the Circular that if they do not, within a reasonable time, receive a Medical Card, they should forward the Circular to the Insurance Committee. As the Circular will bear the address which will also be entered on the Index Slip, the Committee receiving a Circular bearing an address within their area, either direct from the exempt person, or by reallocation through another Committee, will, if they have not already received the slip, be certain that the slip will ultimately be forwarded to them, and will be in a position to issue the Medical Card at once before communicating with the Commission as to the despatch of the Index Slip.

39. *New Entrants.*—At the present time any consignment of Index Slips received will very probably include slips in respect of persons who have been in insurance for some time, and are possibly already represented by suspense slips in the Committee's Register. Any Index Slips received should therefore be carefully checked against the slips already in the Register. If a suspense slip or duplicate Index Slip is found relating to the person named on an Index Slip received, the Index Slip should be substituted and the suspense or duplicate slip destroyed. But in the case of all Index Slips for which no duplicate or suspense slip can, after a careful check, be discovered, Medical Cards should be written and issued as promptly as the circumstances admit.

40. *Insured Persons already on List of Doctor or Institution.*—The heaviest, and, indeed, the only considerable, initial task will be the issue of Medical Cards to insured persons who are already on the lists of doctors or institutions; and Committees should take into their early consideration the question of the provision, where necessary, of extra clerical assistance for the early completion of the work.

41. The Cards issued to these persons should be completed by the insertion of the name of the doctor or institution and the Committee's stamp on page 1; and, in order to avoid any confusion on the part of the insured person which might otherwise arise, Part A on page 3 might conveniently be cancelled by the Committee.

42. While it is obviously desirable that the issue to these persons should be completed without delay in order to secure the advantages of the new system at the earliest possible date, it is not essential that the Cards should be despatched simultaneously. The Commissioners contemplate that the Committee, while using their best endeavours to complete the entire issue as soon as practicable, will despatch the Cards in respect of persons on the list of any one doctor or institution as soon as those Cards have been written, thereupon notifying the doctor or institution concerned that the patients affected may thereafter be asked to produce their Medical Cards.

43. Questions have been raised as to whether Medical Cards should or should not be issued to insured persons on the list of a doctor or institution who are represented by suspense slips in the Committee's Register. With regard to these questions, it appears to the Commissioners impossible to withhold from insured persons who happen to be represented by suspense slips the Medical Cards necessary to enable them to claim treatment, or to differentiate in action towards such persons in such a way as to prejudice their access to medical benefit, assuming that they have been placed on the lists of doctors or institutions by the Committee on grounds satisfactory as regards their title to benefit. The clearance of the suspense register is a task with which many Committees are already successfully coping, and which is, in reality, an undertaking quite distinct from and independent of the new system; and the Commissioners have no doubt that efforts will continue to be made for the furtherance of this very desirable object. Subject, however, to these observations, it would still be possible for a Committee who are anxious to seize the present opportunity for carrying out operations with a view to a clearance in part or in whole of the suspense register, to do so, provided that the arrangements are so made as to avoid the insured persons concerned being prejudiced in the matter of obtaining medical benefit. For example, it might be possible for a Committee to communicate in advance with those persons, the failure to trace whose Index Slips was due to omissions on their part, and to inform them that Medical Cards would be issued as soon as certain necessary particulars had been given by them, or the Committee may think fit, where they are in possession of information on the suspense slip enabling the Card to be issued, to enclose with the Card a form asking for any supplementary information to assist them in tracing the Index Slip. It might also be possible to enlist the co-operation of the doctors or institutions concerned in those cases where the failure to trace the Index Slips was due to incomplete or inaccurate returns of persons accepted. But the Commissioners are strongly of opinion that in any event such operations should not be carried out at the cost of any considerable delay in the general issue of Medical Cards, especially inasmuch as any clearance of the Committee's Register which might thus be secured would in all probability be more than counterbalanced by the continuance of the additional labour and risk of duplication which would be occasioned to the Committee itself, as well as to all other Committees, by the removal of insured persons unprovided with Medical Cards.

44. It should be borne in mind that some of the methods of clearance indicated above might be usefully employed in regard to those insured persons whose undelivered Medical Cards have been returned to the Committee through the Commissioners. The Committee will doubtless consider whether, in the absence of any evidence as to the continued residence of such persons in their area at some other address than that to which the Card was despatched, they might not be removed from the Medical Index, and in cases in which they are represented in the Register by Suspense Slips, the Suspense Slips might not be destroyed; and it will doubtless be found convenient to discuss with the Panel Committee these and similar questions affecting the validity and accuracy of the Medical Index.

45. *Persons who have been Allowed to Make their own Arrangements.*—As Committees are aware, insured persons who have been allowed to make their own arrangements are not entitled to participate in the special arrangements made for the treatment of insured persons during temporary residence. Upon removal, however, other than temporary, to the area of another Committee, the permission given to them by the old Committee to make their own arrangements will lapse and they will be again entitled to select a method of treatment. Although, therefore, persons allowed to make their own arrangements may not require a Medical Card for production to their doctors when applying for treatment, it will be necessary for Committees to issue Cards to these persons for other purposes, *e.g.*, to enable them to obtain

treatment upon removal (other than temporary) and to assist the new Committee to trace the Index Slip. It will probably also be found convenient to require the production of a Medical Card when a contribution is claimed.

46. Special procedure will require to be observed in issuing cards to these persons. The front page should be endorsed "Receiving Medical Benefit under own arrangements," and Part C on page 4 and the relevant paragraph on page 2 should be cancelled. It has not been found to be practicable to include on the card special instructions to this class of persons, and it will, therefore, be desirable for Committees to enclose a covering letter with each card issued under this head. The covering letter should state that the card should be carefully preserved for use in the event of removal (otherwise than for a period of less than three months) into another area, or, if no such removal takes place, for production when a contribution is claimed at the end of the year. The letter should also explain that if on removing for three months or more into another area, the insured person desires to continue to make his own arrangements, he must apply to the new Insurance Committee (whose address will be found in the list in the Post Office in the new area) for permission to do so; and that if on such removal he wishes to select a doctor on the panel or approved institution, he should fill up Part B and present the card to the doctor or institution selected.

47. *Red Medical Tickets and Forms Med. 32.*—In the opinion of the Commissioners, Committees should not admit of exceptions to the general rule that choice of method of obtaining treatment should be made by means of the Medical Card. Cases may, however, arise during the transitional period in which unsigned red medical tickets or Forms Med. 32 are presented to doctors. In these cases the insured persons should be advised to send the ticket or form direct to the Committee. If an index slip is traced in the register, a Medical Card should be issued forthwith. Where, however, an index slip cannot be traced, it will be necessary to require the insured person to fill up a copy of the Post Office form in order to obtain information to enable the Committee to trace the slip.

48. *Persons Constantly Moving from Place to Place over a Wide Area in the Course of their Employment.*—As already explained, it will no longer be necessary under the Medical Card system to issue green vouchers to insured persons removing for a temporary period. The system, however, in no way affects the special arrangements already in operation for the provision of medical benefit to insured persons constantly moving from place to place over a wide area in the course of their employment. These arrangements, including as they do the issue by the Commissioners of yellow vouchers on the recommendation of Insurance Committees, will continue in force.

49. A memorandum giving information of a general character with regard to the Medical Card system is being prepared for issue by the Commissioners to doctors on the panel and approved institutions.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.
December, 1913.

Circular $\frac{41}{\text{I.C.}}$

MEDICAL BENEFIT

The following information with regard to certain new arrangements for the administration of Medical Benefit is furnished for the guidance of Approved Societies and their Branches.

A.—Medical Card System

1. Red Medical tickets and forms Med. 32 will, after 11th January next,

no longer be available for the purpose of choosing a doctor on the panel or approved institution. Medical Cards issued by Insurance Committees must be used instead.

2. Medical Cards will be issued to new entrants to insurance on receipt by the Insurance Committee from the Society of the Index Slip relating to the member.

3. Insured persons who are already in insurance, but have not yet chosen a doctor or institution, may obtain a Medical Card by applying to the Insurance Committee on a form, a copy of which is enclosed, which will be available at all Post Offices. They will be unable, after 11th January next, to choose a doctor or institution without a Medical Card.

4. Insured persons who are already on the list of a doctor on the panel or approved institution will be furnished by the Insurance Committee with Medical Cards in due course. When a Medical Card has been issued to an insured person he must be prepared to produce it to the doctor or institution whenever treatment is required.

5. A specimen of the Medical Card is enclosed herewith. And it will be seen that the Card contains on page 2 full instructions as to the steps the insured person should take in order to select a doctor or institution, whether in the first instance or on removal.

6. On no account should any Forms Med. 32 or red Medical tickets be issued after January 10th. Any surplus then on hand should be returned to The Controller, H.M. Stationery Office, Underwood Street, City Road, London, N. A copy of a leaflet which may assist the Society in dealing with applications by members after January 10th, for Forms Med. 32 or red Medical tickets is enclosed herewith. The Commissioners will supply the Society, upon application, with sufficient copies of the leaflet for use in the manner suggested above or for general distribution amongst members, if the Society desire to adopt this course.

7. The introduction of the Medical Card system enables the Commissioners to dispense with the necessity for the notification by Societies to Insurance Committees of changes in address taking place after 11th January next, except removals abroad or to Ireland, the Channel Isles or the Isle of Man. Societies must, however, duly notify to the appropriate Committee changes of address occurring before that date as and when they come to the notice of the Society, and must continue to notify removals abroad or to Ireland, the Channel Isles or the Isle of Man.

8. As stated in paragraph 2 above, Medical Cards will be issued to new entrants to insurance on the receipt by the Insurance Committee of the relative Index slips. It is therefore of the utmost importance that Societies should forward an Index slip to the proper Committee IMMEDIATELY a person is admitted as an insured member. Failure on the part of the Society to do so will result in delay in the issue of a Medical Card to the member, who will thus be prejudiced in obtaining Medical Benefit.

9. The Commissioners understand that some Societies are under the impression that a person does not become an effective member until the Society receives his contribution card and that they have delayed the despatch of Index slips accordingly. The Commissioners desire to point out that effective membership begins on the date from which the Society undertakes to admit the person and that it is on this date that the Index slip should be forwarded. The membership is not affected by any delay or irregularity which may occur in the return of the contribution card, but will continue until it is determined by transfer or otherwise. In the infrequent cases where the contribution card is handed in to another Society, the Society of which the insured person is actually a member will not be debited with the cost of Medical Benefit until the contribution card is returned to it.

10. Societies who have not yet despatched Index slips in respect of all their members should do so at the earliest possible date. Similarly, Societies who are in arrear with the notification of changes of address, deaths, etc.,

should make arrangements to get up to date with these notifications as early as possible in order to facilitate the work of Committees in issuing Medical Cards. It will not, of course, be necessary as indicated in paragraph 7 above to notify changes of address taking place after January 11th next, except removals abroad, to Ireland, the Channel Isle or the Isle of Man.

11. The attention of Secretaries of Societies and Branches is drawn to the following points in connection with the notifications of changes affecting the Index Registers of Insurance Committees—

(a) Duplicate Index slips must not be forwarded to Insurance Committees. On receipt of an application for an Index slip in cases in which an Index slip has already been despatched, the Society should refrain from issuing a duplicate slip, but should state the Committee to which the slip has already been sent.

(b) An Index slip must be sent whenever a person transfers from another Society or Branch or from the Deposit Contributors' Fund, and the fact that the member was previously in another Society or Branch or was previously a Deposit Contributor must be clearly shown on the back of the Index slip. (See paragraph 6 of Circular A.S. 88.)

B.—Members aged 65 or over on entry into Insurance.

12. On and after 12th January, 1914, insured persons aged 65 or over on entry into insurance will, under Section 3 (2) of the National Insurance Act, 1913, become entitled to Medical and Sanatorium Benefits on the same conditions as other insured persons, except that in the case of these members Medical Benefit will cease on their attaining the age of 70 unless at least 27 contributions have been paid. Societies have already furnished to Insurance Committees particulars of insured members aged 65 or over on entry into insurance and Committees will, shortly before 12th January, issue to each such member already notified to them as resident in their respective areas a Medical Card in order to enable him to select a doctor on the panel or institution. Should a member of the Society in this class not receive a Medical Card in due course, he should apply to the Insurance Committee on the form, referred to in paragraph 3 above, obtainable at Post Offices.

13. The Commissioners are advised that the fact that a person insured under Section 49 of the National Insurance Act, 1911, has reached the age of 70 prior to 12th January next, and has therefore ceased to pay contributions will not exclude him from the Medical and Sanatorium Benefits available on and from that date under Section 3 (2) of the National Insurance Act, 1913, provided, of course, in so far as Medical Benefit is concerned, that at least 27 contributions have been paid. Persons in this class who have reached the age of 70 and who have not paid at least 27 contributions will not, however, be entitled to Medical Benefit, and Societies should at once proceed to examine their records of persons who were insured under Section 49 who have attained the age of 70 with a view to ascertaining the number of contributions paid. If the number is less than 27, particulars of the member should be forwarded not later than January 3rd next, on the enclosed Schedule (Form 111/I.C.) to the Commissioners, who will communicate with the appropriate Insurance Committee. These persons will not be entitled to Medical Benefit, and a Medical Card will not therefore be issued to them. They will, however, be eligible for Sanatorium Benefit. In a case in which 27 contributions have not been paid at the end of the Fifth Quarter and the member became 70 after the end of that Quarter, care should be taken to ascertain the number of contributions paid in the Sixth Quarter.

The arrangements for future notifications of this nature will be communicated in a subsequent circular.

14. A person who was 65 or over on the 15th July, 1912, and was at any time insured under Section 49 of the National Insurance Act, 1911, continued in insurance until 13th October, 1913, even although he ceased before that date to be employed within the meaning of the Acts. Any person over

60 years of age on ceasing to be entitled to continue in insurance as an employed contributor is now entitled (under Section 4 of the National Insurance Act, 1913) to remain in insurance as a voluntary contributor at the employed rate. It will therefore be seen that it is possible for every person who was insured at any time under Section 49 to become entitled to medical benefit on 12th January, 1914, if he is under 70, irrespective of the number of contributions, and if he is 70 or over provided that at least 27 contributions have been paid before attaining the age of 70. Societies should point out to members concerned the importance to them of declaring their desire to become voluntary contributors under Section 4 of the National Insurance Act, 1913, and of stamping a card accordingly. Any such member who takes these steps before 12th January, 1914, will be entitled to medical benefit from that date provided that if he is then over 70 years of age at least 27 contributions have been paid by or in respect of him.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

December, 1913.

Form $\frac{110}{\text{I.C.}}$

MEDICAL BENEFIT

Red Medical Tickets and Forms Med. 32 are no longer available for the purpose of choosing a doctor or institution, and will not be accepted. Medical Cards issued by the Insurance Committee must be used instead.

If you have not yet selected a doctor or institution on the panel list for the district where you live, you should apply for a Medical Card to the Clerk to the Insurance Committee on a form which you can get at any Post Office. When you receive your Medical Card, you should give it to the doctor on the panel or institution you wish to select. You should not delay doing so until you are ill.

If you have already chosen a doctor or institution, you will in due course, without making application, receive from the Insurance Committee a Medical Card bearing the name of the doctor or institution. After the Medical Card has been issued to you, you must be prepared to produce it to the doctor or institution whenever you require treatment.

The Medical Card will contain information as to the steps you should take to get Medical Benefit on change of address.

Any inquiries with regard to your Medical Benefit should be addressed to the Clerk to the Insurance Committee whose address will be found in the panel list exhibited in the nearest Post Office.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
LONDON, S.W.

1

MEDICAL



CARD

ISSUED

BY THE

INSURANCE COMMITTEE,

To
(Full Name)-----

(Address)-----

(Society and Branch)-----

(No. in Insurance Book)-----

For Use of Insurance Committee only.

Committee's Stamp

The above-named is on the list of :—
[Dr.]

(This reference should always be quoted by
the insured person in any correspondence as
to Medical Benefit.

2

INSTRUCTIONS

PLEASE READ CAREFULLY

1. This Medical Card must be carefully kept and must be produced when treatment is required. If it is lost you may have difficulty in getting another. If you lose it you should at once give notice to the Insurance Committee.

2. If any other person than the person to whom this Medical Card is issued uses or attempts to use it for the purpose of obtaining benefit for himself, or if the person to whom it is issued uses it or attempts to use it after he has ceased to be entitled to Medical Benefit, he is liable to serious penalties.

3. If you have not chosen a doctor or approved institution you must do so without delay by filling up Part A on the opposite page and presenting the Medical Card to any doctor on the panel or approved institution. If you are accepted, the doctor or institution will retain the Card and send it to the Insurance Committee, from whom you will receive the Card with the name of the doctor or institution entered in the space at the foot of the first page.

4. If you have removed altogether to a new address and cannot therefore obtain treatment from the doctor or institution named in the Card, you should at once make a fresh choice by filling up Part B on the opposite page and presenting the Card to any doctor on the panel or to any institution in the neighbourhood of your new address. If you are accepted, the doctor or institution will retain the Medical Card, and forward it to the Insurance Committee, from whom you will receive a new Card with the name of the doctor or institution entered therein.

5. If you require treatment when away from home you may present this Card to any doctor on the panel or institution, after filling in Part C on page 4. If you are accepted, the doctor or institution will retain the Card and send it to the Insurance Committee, who will stamp the Card and return it to you for the purpose of obtaining treatment.

6. A list of available doctors and institutions for any district can be seen at the Post Offices in that district. If you have difficulty in getting accepted, you should write to the Clerk to the Insurance Committee at the address given in the Post Office list, enclosing this Medical Card.

7. A member of an Approved Society is under an obligation to notify any changes of address to his Society, and to inform it when he ceases to be insured. Women members must also notify their Society when they marry.

8. If the insured person desires to change his doctor or institution at the end of the year, he must give notice to that effect before 1st December to the Clerk to the Committee, enclosing this card. Except in special circumstances, or on removal, he can only change his doctor during the year with the consent of his doctor, by means of a form obtainable from the Committee.

9. Any inquiry or complaint by the insured person with regard to his medical benefit should be addressed to the Clerk to the Insurance Committee at the address named on the first page.

10. Postage must be prepaid on all communications to Insurance Committees.

This Card is the property of the Insurance Commissioners, to whom it should be returned if found.

3

The insured person must sign here immediately he receives this Card.

Part A. To be filled in when insured person is **not** on list of doctor or institution, and wishes to choose a doctor or institution.

For use by
doctor only.

I, (signature) _____, of

(present address) _____

_____, wish to be placed

on list of [Dr.] _____

The above-named is accepted.

(Signature of doctor) _____

If doctor claims
to supply drugs
he should enter
D.

If doctor claims
mileage he
should enter M.

Part B. To be filled in when insured person has **removed altogether** to a new address, and cannot therefore get treatment from doctor or institution named on front page.

I, (signature) _____, of

(present address) _____

_____, wish to be placed

on list of [Dr.] _____

The above-named is accepted.

(Signature of doctor) _____

If doctor claims
to supply drugs
he should enter
D.

If doctor claims
mileage he
should enter M.

4

NOTICE

The Committee require an insured person in receipt of Medical Benefit to comply with the following Rules as to Conduct.

- (a) He shall obey the reasonable instructions of the practitioner attending him :
- (b) He shall not conduct himself in a manner which is likely to retard his recovery :
- (c) He shall not make unreasonable demands upon the professional services of the practitioner attending him :
- (d) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner :
- (e) He shall not summon the practitioner to visit him between the hours of p.m. and a.m., except in cases of serious emergency :
- (f) He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before a.m. on the day on which the visit is required.

The Rules of the Committee also provide that any complaint by an insured person which is adjudged by them to be frivolous or vexatious, shall be regarded as a breach of their Rules.

Any insured person who is guilty of a breach of any of the Committee's Rules is liable to a fine not exceeding 10s., or in the case of repeated breaches 20s., or to be suspended from Medical Benefit for a period not exceeding one year.

These Rules are liable to alteration, due notice of which will be given in the public Press.

PART C.—FOR USE, IF DESIRED, DURING TEMPORARY RESIDENCE

I hereby declare that I am only temporarily residing in the locality of the address which I have given below and that I do not intend or expect to remain in the locality for as long as 3 months from the date of my arrival.

(Signature) _____

(Temporary Address) _____

(Date) _____

Signature of doctor accepting :

Committee's Stamp.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used another Card must be applied for from the Insurance Committee at the address shown on the first page.

MEDICAL BENEFIT REGULATIONS, 1913

LISTS OF DOCTORS

6.—(1) The Committee shall prepare a list, to be called “the medical list,” of the practitioners (in these Regulations collectively referred to as “the panel”) who have entered into agreements with the Committee.

(2) The medical list shall contain, in addition to the names of practitioners—

(a) the private address, and the address of any surgery, dispensary, or other place, at which a practitioner undertakes to attend for the purpose of treating insured persons ;

(b) particulars of the days and hours at which he undertakes to be in attendance at each place ; and

(c) where two or more practitioners practising in partnership have signified their desire to undertake treatment, the name of the firm or partnership ;

and may, if the Committee think fit, be so arranged as to show the area in the County in which each practitioner undertakes treatment.

(3) A copy of the medical list shall be sent to the Commissioners, and shall be available for the inspection of insured persons at the office of the Committee and at such other places as the Committee may think fit.

LISTS OF CHEMISTS

11.—(1) The Committee shall prepare and issue a list of the names and addresses of the persons who have entered into agreements with the Committee, and the list shall indicate whether they have undertaken to supply drugs or appliances or both, and shall distinguish those who are entitled to dispense medicines, and the Committee before issuing shall submit the list to the Pharmaceutical Committee.

(2) A copy of the list shall be sent to the Commissioners and to every practitioner on the panel and shall be available for the inspection of insured persons at the office of the Committee and at such other places as the Committee may think fit.

(3) The Committee shall furnish to every person supplying drugs or appliances a copy of the medical list, and every such person shall exhibit at his place of business a notice in the form prescribed in the Fourth Schedule to these Regulations.

FOURTH SCHEDULE

FORM OF NOTICE TO BE EXHIBITED BY PERSONS
UNDERTAKING THE SUPPLY OF DRUGS OR
APPLIANCES OR BOTH

NATIONAL INSURANCE ACTS, 1911 TO 1913

*(Name of Person or Firm contracting.)*Under contract with the Insurance Committee for the County
[or County Borough] of-----

To dispense medicines.

To supply drugs.

To supply drugs (except scheduled poisons).

To supply appliances.

PUBLICATION OF
PARTICULARS

15. The Committee shall cause to be published, in such manner as appears to them best calculated to inform all persons interested, particulars of the arrangements made by the Committee, including a statement of the places where a copy of the medical list, of the list of persons supplying drugs or appliances, and of a list of approved institutions, may be seen, and any forms of application necessary to be obtained by insured persons are available, and a statement as to any income limit fixed by the Committee, and any other particulars which the Committee think proper.

LISTS OF INSURED
PERSONS

3.—(1) Every Society having members resident in any County shall, as soon as may be, supply to the Committee for that County a list of the names and addresses of the members so resident.

COMMITTEE'S REGISTER

(2) The Committee shall, as soon as may be, cause to be prepared from the lists so supplied a list of names and addresses of the members of Societies resident in the County, and shall cause to be prepared a further list of the names and addresses of deposit contributors and exempt persons resident in the County, which lists are in these Regulations collectively referred to as the "Register."

DOCTORS' LISTS

25. The Committee shall prepare a list of persons who have been accepted by, or assigned to, each practitioner on the panel, a list of persons who have been accepted by each approved institution, and a list of persons required or allowed to make their own arrangements for obtaining treatment, and shall furnish each practitioner on the panel and approved institution with a copy of his or its appropriate list.

ALTERATION OF LISTS DURING YEAR

29. Where the Committee, in whose Register the name of an insured person is included, receive notice of his death, suspension from benefits or removal from the area in which he was entitled to receive treatment, or where under the provisions of Part V of these regulations the Committee have, upon the application of an insured person, transferred him to the list of another practitioner, the necessary alterations shall be made in the Register and lists kept by the Committee, so as to take effect as from the date of such death, suspension, removal or transfer, and the Committee shall give notice to any practitioner on the panel or approved institution concerned, and if the insured person has removed outside the County, his name shall be transferred to the Register of the County to which he has removed : Provided that—

(i) In the case of an insured person who was previously entitled to obtain treatment from a practitioner on the panel or through an approved institution, and who intends to be absent from the area within which arrangements have been made for his treatment for a period of less than three months (who is in these Regulations referred to as a " temporary resident "), no alterations shall be made in the lists or Register of the Committee for a period of three months, but if he resides in any area in which he is entitled to receive treatment as a temporary resident for a longer period than three months, the necessary alterations shall be made in the lists of the Committee, and, if that area is outside the County, the Committee of the County to which he has removed shall transfer his name to their Register, as from the expiration of the said period of three months ; and

(ii) In the case of an insured person required or allowed to make his own arrangements who intends to be absent from the County for a period of less than three months, no alterations shall be made in the lists or Register of the Committee, but if he resides in any other County for a longer period than three months, the Committee of that County shall give notice to the Committee in whose Register his name is included, and his name shall be transferred to the Register of the first-mentioned County as from the expiration of the said period of three months.

AUTHORITIES—AGREEMENTS—RULES

Powers of Commissioners

Constitution, etc., of :—

Insurance	}	Committees.
Local Medical		
Panel Doctors'		
Pharmaceutical		

Agreements between Insurance Committees and Doctors and Chemists for Medical Service and Supply of Drugs.

Rules of Insurance Committees and Approved Societies as to Behaviour of Insured Persons during Illness.



INSURANCE COMMISSIONERS

INSURANCE ACT, 1911

57.—(1) As soon as may be after the passing of this Act there shall be constituted for the purposes of this Part of this Act Commissioners (to be called the Insurance Commissioners), with a central office in London, and with such branch offices as the Treasury may think fit, and the Commissioners shall be appointed by the Treasury, and of the Commissioners so appointed one at least shall be a duly qualified medical practitioner who has had personal experience of general practice.

[Under Sections 80, 81 and 82 similar bodies of Commissioners are set up for Scotland, Ireland, and Wales, while under Section 83 a Joint Committee is set up to co-ordinate the four bodies for certain purposes.]

JOINT COMMITTEE OF COMMISSIONERS, Buckingham Gate, London, S.W.

Chairman :

Rt. Hon. C. F. G. Masterman, M.P.

Vice-Chairman :

Sir R. L. Morant, K.C.B.

Chairmen of :

Welsh Commission, Thomas J. Hughes

Scottish Commission, James Leishman

Irish Commission, Joseph A. Glynn

Legal Member :

Sir Claud Schuster

Financial Member :

H. N. Bunbury, C.B.

Other Members :

J. Smith Whitaker, M.R.C.S. Mrs. Creighton. Sir J. Struthers, K.C.B.

The Chief Registrar of Friendly Societies

Clerk : R. W. Harris

INSURANCE COMMISSIONERS (ENGLAND), Buckingham Gate, London, S.W.

Chairman :

Sir R. L. Morant, K.C.B.

Legal Member :

Sir Claud Schuster

Deputy-Chairman :

J. Smith Whitaker, M.R.C.S.

Financial Member :

H. N. Bunbury, C.B.

Commissioners :

T. Neill

D. J. Shackleton

The Chief Registrar of Friendly Societies

Secretary :

J. Anderson

J. L. Stead

Miss Mona Wilson

Principal Medical Officer :

G. F. McCleary, M.D.

*INSURANCE COMMISSIONERS (SCOTLAND), 83 Princes
Street, Edinburgh*

<i>Chairman :</i>	<i>Deputy-Chairman :</i>
<i>James Leishman</i>	<i>J. C. McVail, M.D.</i>
<i>Commissioners :</i>	
<i>J. McNicol</i>	<i>Miss M. M. Patterson</i>
<i>The Chief Registrar of Friendly Societies</i>	
<i>Secretary : J. Jeffrey</i>	
<i>Medical Officers :</i>	
<i>J. R. Currie, M.D.</i>	<i>G. M. Cullen, M.D.</i>

*INSURANCE COMMISSIONERS (IRELAND), Pembroke House,
Upper Mount Street, Dublin*

<i>Chairman :</i>	<i>Deputy-Chairman :</i>
<i>Joseph A. Glynn</i>	<i>Walter S. Kinneear</i>
<i>Commissioners :</i>	
<i>Wm. J. Maguire</i>	<i>Mrs. M. L. Dickie</i>
<i>The Chief Registrar of Friendly Societies</i>	
<i>Secretary : John Houlihan</i>	
<i>Medical Officers :</i>	
<i>John O'Donoghue</i>	<i>Charles Dickson</i>

INSURANCE COMMISSIONERS (WALES), City Hall, Cardiff

<i>Chairman :</i>	<i>Deputy-Chairman :</i>
<i>Thomas J. Hughes</i>	<i>H. Meredith Richards, M.D.</i>
<i>Commissioners :</i>	
<i>J. Rowland, M.V.O., J.P.</i>	<i>Hon. Violet Douglas-Pennant</i>
<i>The Chief Registrar of Friendly Societies</i>	
<i>Secretary :</i>	<i>Medical Officer :</i>
<i>Thomas Jones, M.A.</i>	<i>D. Ll. Williams, F.R.C.S.</i>

Regulations by Commissioners for Administration of Medical Benefit

INSURANCE ACT, 1911

15.—(1) Every Insurance Committee shall, for the purpose of administering medical benefit, make arrangements with duly qualified medical practitioners in accordance with regulations made by the Insurance Commissioners.

(2) The regulations made by the Insurance Commissioners shall provide for the arrangements made being subject to the approval of the Insurance Commissioners and being such as to secure that insured persons shall, save as hereinafter provided, receive adequate medical attendance and treatment from the medical practitioners with whom arrangements are so made, and shall require the adoption by every Insurance Committee of such system as will secure—

(a) the preparation and publication of lists of medical practitioners who have agreed to attend and treat insured persons whose medical benefit is administered by the committee ;

(b) a right on the part of any duly qualified medical practitioner who is desirous of being included in any such list as aforesaid of being so included, but, where the Insurance Commissioners, after such inquiry as may be prescribed, are satisfied that his continuance in the list would be prejudicial to the efficiency of the medical service of the insured, they may remove his name from the list ;

(c) a right on the part of any insured person of selecting, at such periods as may be prescribed, from the appropriate list the practitioner by whom he wishes to be attended and treated, and, subject to the consent of the practitioner so selected, of being attended and treated by him ;

(d) the distribution amongst, and, so far as practicable, under arrangements made by, the several practitioners whose names are on the lists, of the insured persons who after due notice have failed to make any selection, or who have been refused by the practitioner whom they have selected ;

(e) the provision of medical attendance and treatment, on the same terms as to remuneration as those arranged with respect to insured persons, to members of any friendly society which, or a separate section of which, becomes an approved society who were such members at the date of the passing of this Act, and who are not entitled to medical benefit under this Part of this Act by reason either that they are of the age of sixty-five or upwards at the date of the commencement of this Act, or that being subject to permanent disablement at that date they are not qualified to become insured persons ;

Provided that, if the Insurance Commissioners are satisfied after inquiry that the practitioners included in any list are not such as to secure an adequate medical service in any area, they may dispense with the necessity of the adoption of such system as aforesaid as respects that area, and authorise the Committee to make such other arrangements as the Commissioners may approve ; or the Commissioners may themselves make such arrangements as they think fit, or may suspend the right to medical benefit in respect of any insured persons in the area for such period as they think fit, and pay to each such person a sum equal to the estimated cost of his medical benefit during that period, and, where the Commissioners take any such action themselves, they shall retain and apply for the purpose such part of the sums payable to the Insurance Committee in respect of medical benefit as may be required.

(3) The regulations made by the Insurance Commissioners shall authorise the Insurance Committee by which medical benefit is administered to require any persons whose income exceeds a limit to be fixed by the Committee, and to allow any other persons, in lieu of receiving medical benefit under such arrangements as aforesaid, to make their own arrangements for receiving medical attendance

and treatment (including medicines and appliances), and in such case the Committee shall, subject to the regulations, contribute from the funds out of which medical benefit is payable towards the cost of medical attendance and treatment (including medicines and appliances) for such persons sums not exceeding in the aggregate the amounts which the Committee would otherwise have expended in providing medical benefit for them.

(4) The regulations shall provide that, in the case of persons who are entitled to receive medical attendance and treatment under any system or through any institution existing at the time of the passing of this Act and approved by the Insurance Committee and the Insurance Commissioners, such medical attendance and treatment may be treated as, or as part of, their medical benefit under this Part of this Act, and may provide for the Committee contributing towards the expenses thereof the whole or any part of the sums which would be contributed in the case of persons who have made their own arrangements as aforesaid, so, however, that such regulations shall secure that no person be deprived of his right, if he so elects, of selecting the duly qualified medical practitioner by whom he wishes to be attended and treated, in accordance with the foregoing provisions of this section.

(5) Every such Committee shall also make provision for the supply of proper and sufficient drugs and medicines and prescribed appliances to insured persons in accordance with regulations made by the Insurance Commissioners, which shall provide for the arrangements made being subject to the approval of the Insurance Commissioners and being such as to enable insured persons to obtain from any persons, firms, or bodies corporate with whom arrangements have been made such drugs, medicines, and appliances if ordered by the medical practitioner by whom they are attended, and shall require the adoption by every Insurance Committee of such a system as will secure—

(a) The preparation and publication of lists of persons, firms, and bodies corporate who have agreed to supply drugs, medicines, and appliances to insured persons whose medical benefit is administered by the Committee, according to such scale of prices as may be fixed by the Committee ;

(b) A right on the part of any person, firm, or body corporate desirous of being included in any such list as aforesaid of being so included, for the purpose of supplying such drugs, medicines, and appliances as such person, firm, or body corporate is entitled by law and authorised by the Committee to supply, except in cases where the Insurance Commissioners after inquiry are satisfied that the inclusion or continuance of the person, firm, or body corporate in such list would be prejudicial to the efficiency of the service :

Provided that—

(i) If the Insurance Commissioners are satisfied that the scale of prices fixed by the Committee is reasonable, but that the persons, firms, or bodies corporate included in any list are not such as to secure an adequate and convenient supply of drugs, medicines, and appliances in any area, they may dispense with the necessity of the adoption of such system as aforesaid as respects that area and authorise the Committee to make such other arrangements as the Commissioners may approve ;

(ii) Except as may be provided by regulations made by the Insurance Commissioners, no arrangement shall be made by the Insurance Committee with a medical practitioner under which he is bound or agrees to supply drugs or medicine to any insured persons ;

(iii) Subject to the regulations made by the last foregoing proviso the regulations shall prohibit arrangements for the dispensing of medicines being made with persons other than persons, firms, or bodies corporate entitled to carry on the business of a chemist and druggist under the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, who undertake that all medicines supplied by them to insured persons shall be dispensed either by or under the direct supervision of a registered pharmacist or by a person who, for three years immediately prior to the passing of this Act, has acted as a dispenser to a duly qualified medical practitioner or a public institution ;

(iv) Nothing in this Act shall interfere with the rights and privileges conferred by the Apothecaries Act, 1815, upon any person qualified under that Act to act as an assistant to any apothecary in compounding and dispensing medicines.

(6) There shall in each year be paid to the Insurance Committee for each county or county borough out of moneys credited to a society which has members resident in the county or county borough such sum in respect of the medical benefit of such members and the cost of administration thereof as may be agreed between the society and committee or, in default of agreement, may be determined by the Insurance Commissioners.

(7) If in any year the amount payable to an Insurance Committee in respect of all persons for the administration of whose medical benefit it is responsible is insufficient to meet the estimated expenditure thereon, the Committee may, through the Insurance Commissioners, transmit to the Treasury and to the council of the county or county borough an account showing the amount so payable and the estimated expenditure, and the Treasury and the county council or the council of the county borough may, if they think fit and if satisfied that the amounts so payable and the proposed expenditure are reasonable and proper in the circumstances, sanction the expenditure.

(8) The Treasury and the council of the county or county borough

sanctioning any such expenditure as aforesaid shall thereupon each be liable to make good, in the case of the Treasury out of moneys provided by Parliament, and, in the case of the council of a county or county borough, out of the county fund or borough fund or borough rate, as the case may be, one-half of any sums so sanctioned by them and expended by the Insurance Committee on medical benefit in the course of the year in excess of the amounts so payable to the Insurance Committee as aforesaid.

ALTERNATIVE ARRANGEMENTS FOR THE PANEL SYSTEM

INSURANCE ACT, 1913

11. If the Insurance Commissioners are satisfied that the insured persons or any considerable proportion of them within an area, or part of an area, are not receiving satisfactory medical treatment under the panel system, the Commissioners may authorise the insurance committee to make, or may themselves make, such other arrangements as will secure to insured persons within the area or part such better medical service as is practicable having regard to the funds available for the purpose, or arrangements whereunder insured persons within the area, or part of the area, may be required to make their own arrangements for receiving medical attendance and treatment, including medicines and appliances, and whereunder the insurance committee or the Insurance Commissioners undertake to pay the cost of such medical attendance and treatment upon such scale as they may determine with the approval of the Commissioners so calculated that the medical attendance and treatment so secured shall be of a quality not inferior to that provided under the panel system.

MEDICAL BENEFIT REGULATIONS, 1913

PREAMBLE

The National Health Insurance Joint Committee, acting jointly with the Insurance Commissioners, in pursuance of the powers conferred on them by the National Insurance Acts, 1911 to 1913, and by the National Insurance (Joint Committee) Regulations, 1912 and 1913, hereby make the following Regulations:—

SUBMISSION OF RULES AND FORMS TO COMMISSIONERS

80. All forms and vouchers to be provided under these Regulations by the Committee shall be submitted for the approval of the Commissioners, and the Committee shall not make use of any such form or voucher until the same has been approved.

PREPARATION OF RULES

81. The Committee shall, after consultation with the Local Medical Committee and Panel Committee, prepare rules with regard

to the administration of medical benefit in accordance with Section 14 of the principal Act, and shall submit them for the approval of the Commissioners.

APPROVAL OF ARRANGEMENTS BY THE COMMISSIONERS

82. The Committee shall submit for the approval of the Commissioners all arrangements proposed to be made by the Committee for the administration of medical benefit, and before approving any arrangements submitted to them the Commissioners shall consider any representations made to them by the Local Medical Committee, the Panel Committee or the Pharmaceutical Committee and, subject to any alterations made in pursuance of the requirements of the Commissioners, any arrangements so made by the Committee and approved by the Commissioners shall have effect for such period as may be specified in the approval.

PROVISIONAL ARRANGEMENTS

83. Notwithstanding anything contained in these Regulations, or any arrangements made thereunder, the Commissioners may, subject to the provisions of the principal and amending Acts, authorise the Committee to make provisional arrangements in lieu of arrangements made under these Regulations or to extend the operation of any provisional arrangements already made for such period as the Commissioners think fit, and where any such provisional arrangements are made or extended the provisions of these Regulations shall have effect subject to such modifications as the Commissioners may approve.

SEAMEN'S NATIONAL INSURANCE SOCIETY

84. These Regulations shall only apply to members of the Seamen's National Insurance Society where that Society has agreed with a Committee for the administration by the Committee of medical benefit to individual members of the Society.

POWERS RESERVED TO COMMISSIONERS

85. These Regulations shall have effect subject to the exercise by the Commissioners of the powers conferred on them by the proviso to Sub-section (2) of Section 15 of the principal Act or proviso (i) to Sub-section (5) of that Section or by Section 11 of the Amending Act.

REVOCATION OF PREVIOUS REGULATIONS

86. The National Health Insurance (Administration of Medical Benefit) Regulations, 1912 and 1913, the National Health Insurance (Medical Practitioners: Inquiry Procedure) Regulations, 1913, Part V of the National Health Insurance (Panel and Pharmaceutical Committees) Regulations, 1913, so far as they apply to England, are hereby revoked, but such revocation shall not affect any right, privilege, obligation, or liability acquired, accrued or incurred

under any of those Regulations, or under any agreement incorporating any of those Regulations, or any adaptation or application of those Regulations in any other Regulations issued by the Commissioners.

DATE OF COMMENCEMENT OF REGULATIONS

87. These Regulations shall come into operation on the 12th day of January, 1914.

INSURANCE COMMITTEES

INSURANCE ACT, 1911

59.—(1) An Insurance Committee shall be constituted for every county and county borough.

(2) Every such committee shall consist of such number of members as the Insurance Commissioners, having regard to the circumstances of each case, determine, but in no case less than forty or more than eighty, of whom—

(a) three-fifths shall be appointed in such manner as may be prescribed by regulations of the Insurance Commissioners so as to secure representation of the insured persons resident in the county or county borough who are members of approved societies, and who are deposit contributors, in proportion, as nearly as may be, to their respective numbers ;

(b) one-fifth shall be appointed by the council of the county or county borough ;

(c) two members shall be elected in manner provided by regulations made by the Insurance Commissioners, either by any association of duly qualified medical practitioners resident in the county or county borough which may have been formed for that purpose under such regulations, or, if no such association has been formed, by such practitioners ;

(d) one member or, if the total number of the committee is sixty or upwards, two members, or, if the total number of the committee is eighty, three members, shall be duly qualified medical practitioners appointed by the council of the county or county borough ;

(e) the remaining members shall be appointed by the Insurance Commissioners :

Provided that—

(i) The regulations with respect to the appointment of members to represent insured persons shall provide for conferring on the approved societies which have members resident in the county or

county borough the power of appointing the representatives of such members, and, where an association of the deposit contributors resident in the county or county borough has been formed under such regulations as aforesaid, for conferring on such association the power of appointing the representatives of the deposit contributors ;

(ii) Of the members appointed by the council of the county or county borough two at least shall be women, and of the members appointed by the Insurance Commissioners one at least shall be a duly qualified medical practitioner and two at least shall be women.

(3) The Insurance Commissioners may, where any part of the cost of medical benefit or sanatorium benefit is defrayed by the council of the county or county borough, increase the representation of the council and make a corresponding diminution in the representation of the insured persons.

(4) The Insurance Commissioners may make regulations as to the appointment, quorum, term of office, and rotation of members and proceedings generally (including the appointment of sub-committees consisting wholly or partly of members of the committee) of the committee, and the employment of officers and the provision of offices by the committee, including the use by the committee, with or without payment, of any offices of a local authority, but subject to the consent of such authority, and any such regulations may provide for the constitution of district insurance committees, and for apportioning amongst the several district insurance committees any of the powers and duties of the Insurance Committee and regulating the relations of district insurance committees to the Insurance Committee and to one another :

Provided that the regulations so made shall require the Insurance Committee of every county (except in cases where, owing to special circumstances, the Commissioners consider it unnecessary) within six months after the commencement of this Act to prepare after consultation with the county council and submit for approval to the Commissioners a scheme for the appointment of district insurance committees for the county and prescribing the area to be assigned to each such committee, and in particular the scheme shall provide for the appointment of a district insurance committee for each borough (including the City of London and a metropolitan borough) within the county having a population of not less than ten thousand, and for each urban district within the county with a population of not less than twenty thousand, but, if the Insurance Committee or, on appeal, the Insurance Commissioners consider it expedient in the case of any such borough (outside London) or urban district, any adjoining areas may be grouped with such borough or urban district for the purpose of the appointment of a district insurance committee.

(5) Any Insurance Committee may, and shall if so required by the Insurance Commissioners, combine with any one or more other Insurance Committees for all or any of the purposes of this part of this Act, and, where they so combine, the provisions of this Part of this Act shall apply with such necessary adaptations as may be prescribed.

NOTE ON CONSTITUTION OF COMMITTEES

*No. of Members
to be appointed—*

Representing :—

48	36	24	<i>Insured Persons through Societies.</i>
16	12	8	<i>County or County Borough Council. (At least 2 must be women.)</i>
3	2	1	<i>Doctors (appointed by above Council).</i>
2	2	2	<i>Doctors (appointed by the Local Medical Association).</i>
11*	8*	5*	<i>Insurance Commissioners (at least 1* must be a doctor and 2 women).</i>
—	—	—	
80	60	40	
—	—	—	

* Under promise of Government to secure medical profession 10 per cent. of the representation on committees, Commissioners have to appoint at least 3, 2, and 1 doctors respectively.

INSURANCE ACT, 1913

30.—(1) Every insurance committee constituted or to be constituted under Section fifty-nine Sub-section (1) of the principal Act shall be a body corporate by the name of the insurance committee for the borough (or county) of _____, and every such insurance committee shall have perpetual succession and a common seal, and may sue and be sued, and (subject to the consent in every case of the Insurance Commissioners) have power and authority (without any licence in mortmain) to take, purchase, and hold land for the purposes of the principal Act and this Act.

(2) At least one woman shall be on every sub-committee formed by an insurance committee for dealing with the administration of any benefit, and Section fifty-nine of the principal Act shall be varied accordingly.

31.—(1) In addition to any allowances for travelling expenses which may be paid under Sub-section (2) of Section sixty-one of the principal Act, an insurance committee may pay to the members of the committee subsistence allowance and compensation for loss of remunerative time in accordance with a scheme prepared by the committee and approved by the Insurance Commissioners, and there shall be paid out of moneys provided by Parliament towards the expenses of an insurance committee under such scheme, such sum (if any) as the Insurance Commissioners with the consent of the Treasury, may determine so, however, that the aggregate amount so paid shall not exceed thirty thousand pounds in any one year.

(2) After the words "Provided that, if the special circumstance of any county" in Sub-section (2) of Section sixty-one of the principal Act, there shall be added the words "or county borough."

(3) An insurance committee may pay as general expenses incurred by them in the execution of their duties any sum, not exceeding ten pounds in any one year, as a subscription to the funds of any association of insurance committees whose objects are approved by the Insurance Commissioners, as well as any reasonable expenses of the attendances of representatives, not exceeding in any case four, at meetings of such associations, on a scale to be approved by the Commissioners.

Insurance Committees: Election of Medical Representatives Regulations, No. 2, 1913

PROVISIONAL REGULATIONS, DATED THE 2ND DAY OF
DECEMBER, 1913

The Insurance Commissioners established under the National Insurance Act, 1911, hereby certify under Section 2 of the Rules Publication Act, 1893, that on account of urgency the following Regulations should come into operation immediately, and in pursuance of the powers conferred on them by paragraph (c) of Sub-section (2) of Section 59 and Section 65 of the National Insurance Act, 1911, hereby make the following Regulations to come into operation forthwith as Provisional Regulations:—

1. These Regulations may be cited as the National Health Insurance (Insurance Committees: Election of Medical Representatives) Regulations (England) (No. 2), 1913.

2.—(1) In these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them:—

“The Act” means the National Insurance Act, 1911:

“The Commissioners” means the Insurance Commissioners;

“County” includes a County Borough;

“Committee” means the Insurance Committee constituted for any County;

“Practitioner” means a duly qualified medical practitioner;

“Association” means an Association of practitioners resident in any County formed under paragraph (c) of Sub-section (2) of Section 59 of the Act for the purpose of electing two members upon the Committee of that County.

(2) Where any document is, under these Regulations, required to be despatched by post so as to be delivered not later than twelve noon on a named day, it shall be deemed to have been duly despatched, notwithstanding that it has not been delivered by that hour and day, if it has been properly directed and delivered for registration and despatch to the Post Office at any place in England,

so that in the ordinary course of post it would have been delivered not later than twelve noon on that day.

(3) Except as in this Regulation otherwise provided, the Interpretation Act, 1889, applies to the interpretation of these Regulations, as it applies to the interpretation of an Act of Parliament.

3. The election of the two members of the Committee for a County, who in pursuance of paragraph (c) of Sub-section (2) of Section 59 of the Act are to be elected, if no Association has been formed for that County, by the practitioners resident in that County, shall be held in manner provided by these Regulations.

4.—(1) For the purposes of the election in each County, the Commissioners shall prepare a list of the names and addresses of the practitioners whom they ascertain to have been on a date to be prescribed resident in that County, and shall despatch by post to the address of every practitioner whose name is included in the list a notice informing him that it is intended to hold an election of two members to serve upon the Committee of the County, and that he is entitled to join with any four other practitioners, who are under these Regulations entitled to nominate, in nominating one or more persons as candidates at the said election.

(2) The Commissioners shall publish in one or more newspapers circulating in the County an announcement stating that any practitioner who was on the date to be prescribed as aforesaid resident in the County and desires to take part in the election and who does not before a specified date receive notice from the Commissioners that his name has been included in the list so prepared, may make application to the Commissioners before a specified date to have his name included in the list.

(3) Where upon any such application as aforesaid the Commissioners are satisfied that the practitioner making application was on the date to be prescribed as aforesaid resident in the said County, they shall amend the list by including his name therein and shall despatch by post to his address the notice above-mentioned.

(4) The Commissioners may at any time before the date specified as the date before which application may be made as aforesaid amend the list by removing therefrom the name of any person whose name has been improperly included therein, notwithstanding that the notice above-mentioned has been despatched to him.

(5) The persons entitled to take part in the election in each County (in these Regulations called the "electors") shall be the practitioners whose names are included in the list, or if any amendments have been made, in the amended list for that County, and for the purposes of these Regulations the address of each elector shall be the address set opposite to his name in that list.

5. Each election shall be held in accordance with the following provisions, that is to say—

(1) The Commissioners shall appoint a returning officer and one or more persons to act in the place of the returning officer so appointed in the event of the returning officer's absence or inability to act.

(2) Every candidate for election under these Regulations shall be nominated in writing. The nomination paper shall be in the form, and shall contain the particulars, set out in the Second Schedule to these Regulations, or shall be in such other form to the like effect as the Commissioners may approve. It shall include a statement signed by the candidate that he has consented to be nominated, and shall be signed by five electors, and shall be despatched by post so as to be delivered at the Office of the Commissioners not later than twelve noon on a date to be prescribed.

(3) No misnomer or inaccurate description of any person or place named in any nomination paper shall invalidate that paper where, in the opinion of the returning officer, the description of the person or place is such as to be commonly understood.

(4) Any person nominated as a candidate may withdraw his candidature by despatching by post, so as to be delivered at the Office of the Commissioners, not later than twelve noon on a date to be prescribed, a notice in writing of his withdrawal signed by him.

(5) The returning officer shall examine the nomination papers received in respect of each County, and shall decide, in accordance with these Regulations, as to the validity of any nomination paper so received. If two candidates, and no more, stand nominated in respect of any County, the returning officer shall notify the Commissioners, and the Commissioners shall forthwith declare those two candidates to be elected. If not more than one candidate stands nominated, the returning officer shall notify the Commissioners, and the Commissioners shall forthwith declare that candidate elected, and the vacancy or vacancies shall be filled up after the expiration of one month, as if it were a casual vacancy.

(6) If the number of candidates nominated exceeds two, the returning officer shall, as soon as conveniently may be, despatch by post to the address of every elector a ballot paper in the form set out in the Third Schedule to these Regulations containing the names and addresses of the candidates nominated but not the names of the persons by whom the nominations have been made. Every elector desiring to record his vote shall mark the ballot paper in accordance with the Rules in Part I of the First Schedule to these Regulations, and shall despatch by post the ballot paper so as to be delivered at the Office of the Commissioners not later than twelve noon on a day stated on the ballot paper, which shall be a day at least seven days subsequent to the despatch of the ballot paper.

(7) The returning officer shall examine the ballot papers and count the votes recorded thereon, in accordance with the Rules in Part II of the First Schedule to these Regulations, and shall as soon as practicable notify to the Commissioners the result of the election.

(8) The returning officer, and every officer, clerk, or servant employed in connection with the election, shall maintain, and aid in maintaining, the secrecy of the ballot, and shall not communicate to any person any information as to the manner in which any voter has recorded his vote.

(9) Any question arising as to the validity of any nomination paper, or ballot paper, or otherwise, under these Regulations, shall be determined by the returning officer.

(10) No election in respect of any County shall be invalid by reason of any non-compliance with the provisions contained in these Regulations, or by reason of the non-delivery, loss, or miscarriage in the course of post of any document required under these Regulations to be despatched by post, if it appears to the Commissioners that the election was conducted substantially in accordance with the provisions of these Regulations and that the result of such non-compliance, non-delivery, loss, or miscarriage did not substantially affect the result of the election.

6. Subject to the provisions of any Regulations which may hereafter be made by the Commissioners, the members so elected shall be elected for a term of office ending on the fifteenth day of July, 1914, and shall then go out of office and their places shall be filled by election, in accordance with any Regulations made by the Commissioners for the purpose, either by the Association, or, if no Association has been formed, by the practitioners resident in the County.

7.—(1) A casual vacancy occurring during the term of office of the members elected under these Regulations shall be filled, if an Association has been formed for the County, by that Association, and if no such Association has been formed, then by any Local Medical Committee which has been formed for the County and recognised by the Commissioners under Section 62 of the Act, or, if no Local Medical Committee has been formed, then by the members of the Committee who have been elected or appointed thereon as practitioners in accordance with paragraphs (c) and (d) of Sub-section (2) of Section 59 and paragraph (ii) of the proviso to that Sub-section, acting in such manner as may be approved by the Commissioners for the purpose.

(2) The appointing body or persons shall notify to the Commissioners the full name and address of the person appointed to fill a vacancy, and he shall hold office from the date on which the Commissioners declare him appointed during the remainder of the term of office of the person in whose place he is appointed.

8. The National Health Insurance (Insurance Committees : Election of Medical Representatives) Regulations (England), 1913, are hereby revoked, without prejudice, however, to any appointment made or anything done under those Regulations.

FIRST SCHEDULE

PART I

METHOD OF VOTING

1.—(1) An elector shall record his vote by placing on his ballot paper the figure " 1 " in the place opposite to the name of the candidate who is his first choice, and any ballot paper on which the figure " 1 " is not recorded shall be invalid.

(2) An elector may also place upon his ballot paper the figure " 2 " opposite the name of the candidate who is his second choice, and the figure " 3 " opposite the name of the candidate who is his third choice, and so on, numbering as many candidates as he pleases in the order of his choice.

2. An elector shall sign his name at the foot of the ballot paper in the place provided for the purpose, and a ballot paper not so signed shall be invalid.

3.—(1) Not more than one figure shall be set opposite to the name of any one candidate, and the same figure shall not be set opposite to the name of more than one candidate.

(2) A ballot paper shall not be marked so as to cause any uncertainty as to the candidate for whom the elector desires to record his vote.

(3) Every ballot paper which does not comply with the provisions of this Rule shall be invalid : Provided that the returning officer may, if he thinks fit, treat a ballot paper as valid for the purpose of any choice recorded in priority to that recorded for the candidate opposite to whose name two figures have been set or in connection with whom any uncertainty arises.

PART II

METHOD OF COUNTING VOTES

Arrangement of Ballot Papers

1. The returning officer shall examine the ballot papers and, after rejecting any that are invalid, shall divide the remainder into parcels according to the first choice recorded for each candidate. He shall credit each candidate with one vote in respect of each paper on which his name has been indicated as first choice.

Ascertainment of Quota

2. The returning officer shall then divide the total number of valid papers by three, and the result increased by one (disregarding fractions) shall be the number, herein called the " quota," sufficient to secure the return of a candidate.

Value of Votes

3. The vote given on each ballot paper shall, in the first instance, be reckoned at the value of unity.

Election of Candidates with Quota

4. Where the total value of the votes so credited to a candidate is equal to or greater than the quota, that candidate shall be declared elected.

Transfer of Surplus Votes

5.—(1) Where the total value of the votes credited under these Rules to an elected candidate is greater than the quota, the returning officer shall examine all the papers of the elected candidate, and shall divide the transferable papers into sub-parcels, according to the next choice recorded thereon, and shall transfer each sub-parcel to the candidate for whom that choice is recorded.

(2) The papers so transferred to each candidate shall be added to the papers already belonging to him, and where the value of the votes transferred to that candidate, added to the value of the votes already credited to him, is equal to or greater than the quota, he shall be declared elected.

Value of Transferred Votes

6.—(1) If on any count the total existing value of transferable papers transferred on that count under the last preceding Rule is equal to or less than the surplus, each paper shall be transferred at its existing value.

(2) If on any count the total existing value of the transferable papers transferred on that count under the last preceding Rule is greater than the surplus, each paper shall be transferred at a value ascertained by multiplying its existing value by the surplus and dividing the amount so obtained by the total existing value of the transferable papers so transferred, the result being calculated to two places of decimals.

Disposal of Non-transferable Papers

7. The non-transferable papers of an elected candidate shall be set aside as finally dealt with.

Exclusion of Candidates lowest on the Poll

8.—(1) Where, as the result of any process under these Rules no candidate has votes of a total value equal to or greater than the quota and one or both vacancies remain unfilled, the returning officer shall exclude from the poll the candidate whose votes are lowest in value, and shall distribute all his transferable papers among the remaining candidates according to the next choices recorded thereon. Any non-transferable papers shall be set aside as finally dealt with.

(2) The votes recorded for a candidate, who is excluded from the poll under this Rule, shall be transferred at their existing value.

(3) The process directed by this Rule shall be repeated, if necessary, by excluding, one after another, the candidates with votes lowest in value until the remaining vacancy is filled, whether by the election of a candidate with the quota or as hereinafter provided.

(4) Where under this Rule it becomes necessary to exclude a candidate, and the votes of two or more candidates are equal in value, but of less value than those of any other remaining candidate, the candidate for whom fewest original votes are recorded shall be first excluded. If the original votes of those candidates are equal in number, the returning officer shall decide by lot which candidate is to be first excluded.

Special Provisions as to Election of Remaining Candidates

9.—(1) When the number of remaining candidates is reduced to two, and no candidate has been elected, those two remaining candidates shall be declared elected, whether they have received a number of votes equal in value to the quota or not.

(2) Where one vacancy remains unfilled, and the value of the votes of any remaining candidate exceeds the total of the values of the votes of all the other remaining candidates together with any surplus not transferred, that candidate shall be declared elected.

Definitions

10. In these Rules—

“Remaining candidate” means any candidate not elected and not excluded from the ballot at any time.

“First choice” means the figure “1,” “second choice” the figure “2,” “third choice” the figure “3,” set opposite the name of any candidate, and so on.

“Transferable paper” means a ballot paper on which a second or subsequent choice is recorded for a remaining candidate.

“Non-transferable paper” means a ballot paper on which no second or subsequent choice is recorded for a remaining candidate.

“Original vote,” in regard to any candidate, means a vote derived from a ballot paper on which a first choice is recorded for such candidate.

“Transferred vote” in regard to any candidate, means a vote, the value of which is credited to that candidate and which is derived from a ballot paper on which a second or subsequent choice is recorded for such candidate.

“Surplus” means the number by which the value of the votes, original and transferred, recorded for any candidate, exceeds the quota.

“Existing value” in regard to the transfer of a vote, means the value at which it was received by the candidate from whom it is to be transferred.

SECOND SCHEDULE

*Form of Nomination Paper*County (*or* County Borough) of_____

We, the undersigned, being five duly qualified medical practitioners entitled to take part in the election of persons representative of medical practitioners to be Members of the Insurance Committee for the above-mentioned County (*or* County Borough) do hereby nominate the following person as a proper person to serve as a Member of the said Insurance Committee.

Name and Address of Candidate

Surname.	Other Names.	Address.

Signatures and Addresses of Nominators

Surname.	Other Names.	Address.

I consent to the above nomination.

Signature of Candidate_____

Date_____

THIRD SCHEDULE

Form of Front of Ballot Paper

BALLOT PAPER

County (*or* County Borough) of_____

Names of candidates who have been duly nominated for election as representatives of medical practitioners on the Insurance Committee for the above-mentioned County (*or* County Borough).

METHOD OF VOTING

1.—(1) An elector shall record his vote by placing on his ballot paper the figure "1" in the place opposite to the name of the

candidate who is his first choice, and any ballot paper on which the figure " 1 " is not recorded shall be invalid.

(2) An elector may also place upon his ballot paper the figure " 2 " opposite the name of the candidate who is his second choice, and the figure " 3 " opposite the name of the candidate who is his third choice, and so on, numbering as many candidates as he pleases in the order of his choice.

2. An elector shall sign his name at the foot of the ballot paper in the place provided for the purpose, and a ballot paper not so signed shall be invalid.

3.—(1) Not more than one figure shall be set opposite to the name of any one candidate, and the same figure shall not be set opposite to the name of more than one candidate.

(2) A ballot paper shall not be marked so as to cause any uncertainty as to the candidate for whom the elector desires to record his vote.

(3) Every ballot paper which does not comply with the provisions of this Rule shall be invalid : Provided that the returning officer may, if he thinks fit, treat a ballot paper as valid for the purpose of any choice recorded in priority to that recorded for the candidate opposite to whose name two figures have been set or in connection with whom any uncertainty arises.

*Order of
Choice.*

Names of Candidates.

	JOHN BROWN. Address _____
	ALFRED JAMES. Address _____
	HENRY JONES. Address _____
	SAMUEL RICHARDS. Address _____
	WALTER SMITH. Address _____
	ERNEST TAYLOR. Address _____
	JAMES THOMSON. Address _____

Signature of Voter_____

LIST OF ADDRESSES OF INSURANCE COMMITTEES IN THE UNITED KINGDOM

(REVISED TO DATE.)

ENGLAND

<i>Committee.</i>	<i>Address.</i> THE CLERK TO THE .....INSURANCE COMMITTEE.	(Form 15 I.C.) <i>Reference Cipher.</i>
Counties		
BEDFORDSHIRE	2 & 3 Association Buildings, Harpur Street, Bedford	Bd
BERKSHIRE	2 Abbot's Walk, Reading	Be
BUCKINGHAMSHIRE	65 Buckingham Street, Aylesbury	Bu
CAMBRIDGESHIRE	24 St. Andrew's Street, Cambridge	Cb
CHESHIRE	100 Northgate Street, Chester .. [Truro	Ch
CORNWALL	Lloyds Bank Chambers, Boscawen Street,	Cr
CUMBERLAND	The Courts, Carlisle	Cu
DERBYSHIRE	3 Market Place, Derby	De
DEVONSHIRE	253 High Street, Exeter	Dn
DORSETSHIRE	22 High East Street, Dorchester	Do
DURHAM	19 New Elvet, Durham	Dr
ESSEX	4 Broad Street Place, Finsbury Circus, E.C.	Ex
GLOUCESTERSHIRE	Shire Hall, Gloucester	Gl
HAMPSHIRE	Westgate, Winchester	?
HEREFORDSHIRE	St. Peter's House, St. Peter's Street, Hereford	Hr
HERTFORDSHIRE	12 Market Place, Hertford	Ht
HUNTINGDONSHIRE	38 High Street, Huntingdon	Hu
ISLE OF ELY	Post Office Lane, Wisbech	Ie
ISLE OF WIGHT	35 Upper St. James's Street, Newport, Isle of Wight	Iw
ISLES OF SCILLY	Council Offices, St. Mary's, Isles of Scilly	Is
KENT	Sessions House, Maidstone	Ke
LANCASHIRE	County Offices, Preston	La
LEICESTERSHIRE	144 London Road, Leicester	Le
LINCS. (HOLLAND)	Spalding	Lh
LINCS. (KESTEVEN)	64 London Road, Grantham	Lk
LINCS. (LINDSEY)	Stonebow, Lincoln	Ll
LONDON	5 Chancery Lane, W.C.	Ln
MIDDLESEX	13 Victoria Street, Westminster, S.W. ..	Mx
NORFOLK	46 London Street, Norwich	Nf
NORTHAMPTONSHIRE	30 Market Square, Northampton	No
NORTHUMBERLAND	St. Nicholas Chambers, Amen Corner, Newcastle-upon-Tyne	Nr
NOTTINGHAMSHIRE	Burton Buildings, Parliament Street, Nottingham	Nt
OXFORDSHIRE	Insurance Office, New Road, Oxford	Ox
RUTLANDSHIRE	Church Passage, Oakham	Ru
SALOP	Talbot Chambers, Shrewsbury	Sa

<i>Committee.</i>	<i>Address.</i>		(Form 15 I.C.) <i>Reference Cipher.</i>
	THE CLERK TO THE INSURANCE COMMITTEE.		
SOKE OF PETERBOROUGH	45 Priestgate, Peterborough .. ..	..	Sk
SOMERSET	Frome, Somerset .. ..	..	Sm
STAFFORDSHIRE	Crabbery Street, Stafford .. ..	..	St
SUFFOLK, EAST	21 Tavern Street, Ipswich .. ..	..	Su
SUFFOLK, WEST	4 Lower Baxter Street, Bury St. Edmunds	..	Sw
SURREY	County Insurance Office, Penrhyn Road, Kingston-on-Thames .. ..	..	Sy
SUSSEX, EAST	81 High Street, Lewes .. ..	..	Te
SUSSEX, WEST	High Street, Arundel .. ..	..	Tw
WARWICKSHIRE	15 Waterloo Place, Leamington .. ..	..	Wa
WESTMORLAND	Central Chambers, Lowther Street, Kendal	..	We
WILTSHIRE	Clerk's Office, Trowbridge .. ..	..	Wl
WORCESTERSHIRE	30 Foregate Street, Worcester .. ..	..	Wr
YORKSHIRE EAST RIDING	County Hall, Beverley .. ..	..	Ye
YORKSHIRE, NTH. RIDING	White House, High Street, Northallerton	..	Yn
YORKSHIRE, WEST RIDING	County Hall, Wakefield .. ..	..	Yw
County Boroughs			
BARNLEY	Market Place, Barnley .. ..	..	Baa
BARROW-IN-FURNESS	Midland Bank Chambers, 104 Duke Street, Barrow-in-Furness .. ..	..	Bar
BATH	2 Quiet Street, Bath .. ..	..	Bat
BIRKENHEAD	Hamilton Chambers, Hamilton Street, Birkenhead .. ..	..	Bik
BIRMINGHAM	191 Corporation Street, Birmingham .. ..	..	Bir
BLACKBURN	44 Ainsworth Street, Blackburn .. ..	..	Blb
BLACKPOOL	Town Hall, Blackpool .. ..	..	Blp
BOLTON	Central Hall, 9 Acresfield, Bolton .. ..	..	Bol
BOOTLE	Central Library, Oriol Road, Bootle .. ..	..	Boo
BOURNEMOUTH	200 Old Christchurch Road, Bournemouth	..	Bou
BRADFORD	38 King's Arcade, Market Street, Brad- ford .. ..	..	Bra
BRIGHTON	82 Grand Parade, Brighton .. ..	..	Bri
BRISTOL	Sun Buildings, 1 Clare Street, Bristol .. ..	..	Brs
BURNLEY	Old Technical School, Elizabeth Street, Burnley .. ..	..	Bry
BURTON-UPON-TRENT	31 Union Street, Burton-upon-Trent .. ..	..	Bun
BURY	20 Knowsley Street, Bury .. ..	..	Buy
CANTERBURY	30 Watling Street, Canterbury .. ..	..	Can
CHESTER	21 Old Bank Buildings, Chester .. ..	..	Che
COVENTRY	Grey Friars Chambers, Hertford Street, Coventry .. ..	..	Cov
CROYDON	14 Katherine Street, Croydon .. ..	..	Cro
DERBY	Jackson Chambers, St. Peter's Street, Derby .. ..	..	Deb
DEVONPORT	70 St. Aubyn Street, Devonport .. ..	..	Dev
DEWSBURY	Church Street, Dewsbury .. ..	..	Dey
DUDLEY	Labour Exchange Room, 15 Holloway Chambers, Priory Street, Dudley .. ..	..	Dud
EASTBOURNE	5 Pevensey Road, Eastbourne .. ..	..	Est
EXETER	The Court House, Exeter .. ..	..	Exe
GATESHEAD	Savings Bank Buildings, West Street, Gateshead .. ..	..	Gat
GLOUCESTER	Westgate Chambers, Berkeley Street, Gloucester .. ..	..	Glo

<i>Committee.</i>	<i>Address.</i>	(Form 15 I.C.) <i>Reference Cipher.</i>
	THE CLERK TO THE .....INSURANCE COMMITTEE.	
GREAT YARMOUTH ..	Fastolff House, Regent Street, Great Yarmouth ..	Gry
GRIMSBY ..	Prudential Chambers, Victoria Street, Great Grimsby ..	Gyy
HALIFAX ..	15 King Cross Street, Halifax ..	Hal
HASTINGS ..	Queen's Chambers, Harold Place, Hastings ..	Has
HUDDERSFIELD ..	13 Wood Street, Kirkgate, Huddersfield ..	Hud
IPSWICH ..	Town Hall, Ipswich ..	Ips
KINGSTON-UPON-HULL ..	6 Wright Street, Hull ..	Khu
LEEDS ..	Basinghall Buildings, Basinghall St., Leeds ..	Lds
LEICESTER ..	58 London Road, Leicester ..	Lec
LINCOLN ..	Silver Street, Lincoln ..	Lin
LIVERPOOL ..	22 Sir Thomas Street, Liverpool ..	Lip
MANCHESTER ..	Union Bank Buildings, Piccadilly, Manchester ..	Man
MIDDLESBROUGH ..	79 Grange Road West, Middlesbrough ..	Mid
NEWCASTLE-UPON-TYNE ..	Town Hall, Newcastle-upon-Tyne ..	New
NORTHAMPTON ..	31 Market Square, Northampton ..	Noh
NORWICH ..	15 Haymarket, Norwich ..	Nor
NOTTINGHAM ..	12 Victoria Street, Nottingham ..	Not
OLDHAM ..	Union Bank Chambers, Church Lane, Oldham ..	Old
OXFORD ..	38 Queen Street, Oxford ..	Oxr
PLYMOUTH ..	Law Chambers, Princess Square, Plymouth ..	Ply
PORTSMOUTH ..	Town Hall, Portsmouth ..	Por
PRESTON ..	11 Market Street, Preston ..	Pre
READING ..	Broadway Buildings, Station Road, Reading ..	Red
ROCHDALE ..	33 Oldham Road, Rochdale ..	Roc
ROTHERHAM ..	Howard Street, Rotherham ..	Rot
ST. HELENS ..	11 Hardshaw Street, St. Helens ..	Sai
SALFORD ..	Town Hall, Salford ..	Sal
SHEFFIELD ..	Town Hall, Sheffield ..	She
SMETHWICK ..	Town Hall, Smethwick ..	Sme
SOUTHAMPTON ..	6 High Street, Southampton ..	Soh
SOUTHPORT ..	Town Hall, Southport ..	Sop
SOUTH SHIELDS ..	Edinburgh Buildings, 34 King Street, South Shields ..	Sos
STOCKPORT ..	Central Buildings, St. Petersgate, Stockport ..	Spt
STOKE-ON-TRENT ..	6 Glebe Street, Stoke-on-Trent ..	Sto
SUNDERLAND ..	Baliol Chambers, West Sunniside, Sunderland ..	Sun
TYNEMOUTH ..	Post Office Chambers, 71 Saville Street, North Shields ..	Tyn
WALLASEY ..	132 Brighton Street, Seacombe, Wallasey ..	Waa
WALSALL ..	40 Bradford Street, Walsall ..	Wal
WARRINGTON ..	Trinity Chambers, Market Gate, Warrington ..	War
WEST BROMWICH ..	Town Hall, West Bromwich ..	Wbh
WEST HAM ..	399, 401 High Street, Stratford, E. ..	Wea
WEST HARTLEPOOL ..	"Magdala," York Road, West Hartlepool ..	Weh
WIGAN ..	23 Market Place, Wigan ..	Wig
WOLVERHAMPTON ..	Queen Street, Wolverhampton ..	Wom
WORCESTER ..	The Dispensary, Bank Street, Worcester ..	Wos
YORK ..	Guildhall, York ..	Yor

SCOTLAND

Counties

<i>Committee.</i>	<i>Address.</i>
THE CLERK TO THE _____ INSURANCE COMMITTEE.	
ABERDEENSHIRE	183A Union Street, Aberdeen
ARGYLL	County Offices, Lochgilphead
AYRSHIRE	37 Bank Street, Kilmarnock
BANFF	Castle Street, Banff
BERWICKSHIRE	25 Market Square, Duns
BUTE	County Office, Rothesay
CAITHNESS	British Linen Bank Buildings, 18 Bridge Street, Wick
CLACKMANNAN AND KINROSS	County Buildings, Alloa
DUMBARTONSHIRE	43 Church Street, Dumbarton
DUMFRIESSHIRE	County Buildings, Dumfries
EDINBURGH COUNTY	24 Hill Street, Edinburgh
ELGIN AND NAIRN	County Clerk's Office, Elgin
FIFE	43 Ava Street, Kirkcaldy
FORFARSHIRE	Town House, Forfar
HADDINGTON	Chambers, Bank of Scotland, Haddington
INVERNESSHIRE	County Clerk's and Treasurer's Office, Inverness
KINCARDINE	County Clerk's Office, Stonehaven
KIRKCUDBRIGHT	County Clerk's Office, Kirkcudbright
LANARK	3 Merry Street, Motherwell
LINLITHGOW	61 High Street, Linlithgow
ORKNEY	3 East Road, Kirkwall
PEEBLES	High Street, Peebles
PERTHSHIRE	Perth
RENFREW	23 Moss Street, Paisley
ROSS AND CROMARTY	County Clerk's Office, Dingwall
ROXBURGH	Royal Bank Buildings, Hawick
SELKIRK	Galashiels
STIRLINGSHIRE	County Offices, Stirling
SUTHERLAND	Golspie
WIGTOWN	Union Bank Buildings, Stranraer
ZETLAND	St. Olaf Street, Lerwick

Burghs

ABERDEEN	Crown Mansions, 41½ Union Street, Aberdeen
AIRDRIE	Town Clerk's Office, Airdrie
ARBROATH	London House, 7 Hill Street, Arbroath
AYR	Winton Buildings, 79 High Street, Ayr
CLYDEBANK	Municipal Buildings, Clydebank
COATBRIDGE	17 Academy Street, Coatbridge
DUMBARTON	College Street, Dumbarton
DUMFRIES AND MAXWELLTOWN	Town Hall Buildings, Dumfries
DUNDEE	32 Bell Street, Dundee
DUNFERMLINE	39 Bridge Street, Dunfermline
EDINBURGH	1 Castle Street, Edinburgh
FALKIRK	Manse House, Falkirk
GLASGOW	59 Bell Street, Glasgow
GREENOCK	4 Brymner Street, Greenock
HAMILTON	47 Cadzow Street, Hamilton

<i>Committee.</i>	<i>Address.</i>
	THE CLERK TO THE _____INSURANCE COMMITTEE.
INVERNESS	56 Eastgate, Inverness
KILMARNOCK	37 Bank Street, Kilmarnock
KIRKCALDY	180 High Street, Kirkcaldy
LEITH	46 Constitution Street, Leith
MOTHERWELL	Commercial Bank, Motherwell
PAISLEY	94 High Street, Paisley
PERTH	36 High Street, Perth
RUTHERGLEN	264 Main Street, Rutherglen
STIRLING.. ..	20 Barnton Street, Stirling
WISHAW	Clyde Chambers, Wishaw

IRELAND

Counties

<i>Committee.</i>	<i>Address.</i>
	THE CLERK TO THE _____INSURANCE COMMITTEE.
ANTRIM	County Courthouse, Belfast
ARMAGH	Courthouse, Armagh
CARLOW	Post Office, Tullow Street, Carlow
CAVAN	Courthouse, Cavan
CLARE	Courthouse, Ennis
CORK COUNTY	10 Grand Parade, Cork
DONEGAL	Courthouse, Lifford
DOWN	Courthouse, Downpatrick
DUBLIN COUNTY	Cavendish House, Rutland Square, Dublin
FERMANAGH	The Orchard, Enniskillen
GALWAY	Courthouse, Galway
KERRY	County Hall, Tralee
KILDARE.. ..	Courthouse, Naas
KILKENNY	1 William Street, Kilkenny
KINGS	Courthouse, Tullamore
LEITRIM	Cloonaghmore, Glenfarne, Enniskillen
LIMERICK COUNTY	82 O'Connell Street, Limerick
LONDONDERRY COUNTY.	County Courthouse, Londonderry
LONGFORD	Courthouse, Longford
LOUTH	Courthouse, Dundalk
MAYO	Courthouse, Castlebar
MEATH	Courthouse, Navan
MONAGHAN	Courthouse, Monaghan
QUEENS	2 Church Street, Maryborough
ROSCOMMON	Abbey Street, Roscommon
SLIGO	13 Castle Street, Sligo
TIPPERARY (N.R.)	Courthouse, Nenagh
" (S.R.)	Courthouse, Clonmel
TYRONE	Courthouse, Omagh
WATERFORD COUNTY	County Offices, Dungarvan
WESTMEATH	County Chambers, Mullingar
WEXFORD	Courthouse, Wexford
WICKLOW	Courthouse, Wicklow

County Boroughs

<i>Committee.</i>	<i>Address.</i>
	THE CLERK TO THE_____INSURANCE COMMITTEE.
BELFAST	64 Royal Avenue, Belfast
CORK	Barrack Street, Cork
DUBLIN	1 College Street, Dublin
LIMERICK	15 Lower Mallow Street, Limerick
LONDONDERRY	Guildhall, Londonderry
WATERFORD	3 Rose Lane, Waterford

WALES

<i>Committee.</i>	<i>Address.</i>
	THE CLERK OF THE_____INSURANCE COMMITTEE.
Counties	
ANGLESEY	Shire Hall, Llangefni
BRECON	16 Bridge Street, Brecon
CARDIGANSHIRE	Cambrian Chambers, Terrace Road, Aberystwyth
CARMARTHENSHIRE	County Insurance Offices, Carmarthen
CARNARVONSHIRE	22 Castle Square, Carnarvon
DENBIGHSHIRE	25 Bridge Street, Wrexham
FLINT	King Street, Mold
GLAMORGAN	<i>Western Mail</i> Chambers, Cardiff
MERIONETHSHIRE	Finsbury Square, Dolgelley
MONMOUTHSHIRE	High Street, Blackwood, Mon.
MONTGOMERYSHIRE	Montgomery
PEMBROKESHIRE	Shire Hall, Haverfordwest
RADNOR	County Buildings, Llandrindod Wells
County Boroughs	
CARDIFF	City Hall, Cardiff
SWANSEA	The Guildhall, Swansea
NEWPORT	35 Commercial Street, Newport, Mon.
MERTHYR TYDFIL	34 Victoria Street, Merthyr Tydfil

LOCAL MEDICAL COMMITTEES

INSURANCE ACT, 1911

62. Where a local Medical Committee has been formed for any county or county borough or for any area for which a district committee has been formed and the Insurance Commissioners are satisfied that such committee is representative of the duly qualified medical practitioners resident in the county or county borough or

such area as aforesaid, they shall recognise such committee, and, where a local medical committee has been so recognised, it shall, subject to regulations made by the Insurance Commissioners, be consulted by the Insurance Committee or district committee, as the case may be, on all general questions affecting the administration of medical benefit, including the arrangements made with medical practitioners giving attendance and treatment to insured persons, and shall perform such other duties, and shall exercise such powers, as may be determined by the Insurance Commissioners.

PANEL DOCTORS' COMMITTEES INSURANCE ACT, 1913

32. Where it is made the duty of an insurance committee under the provisions of this Act or of the principal Act, or of regulations made thereunder, to ascertain, in respect of any matter affecting the administration of medical benefit in the area, the opinions and wishes of the medical practitioners who have entered into agreements with the insurance committee for the attendance and treatment of insured persons whose medical benefit is administered by the committee, they shall do so through a committee appointed by such practitioners in accordance with regulations made by the Insurance Commissioners, and such committee shall perform such duties and shall exercise such powers as may be determined by the Insurance Commissioners, and in any area in which within six months of the time of the passing of this Act no local medical committee has been recognised under the provisions of section sixty-two of the principal Act, a committee elected in the manner herein-before provided may be recognised as the local medical committee for that area.

PHARMACEUTICAL COMMITTEES INSURANCE ACT, 1913

33.—(1) In every county or county borough there shall be elected, in accordance with regulations made by the Insurance Commissioners, by the persons, firms, and bodies corporate, who have agreed to supply drugs, medicines, and appliances to insured persons whose medical benefit is administered by the committee, a local committee, and it shall, subject to regulations made by the Insurance Commissioners, be consulted by the insurance committee on all general questions affecting the supply of drugs, medicines, and appliances to insured persons, and shall perform such duties and exercise such powers as may be determined by the Insurance Commissioners.

**EXPENSES OF PANEL DOCTORS' AND
PHARMACEUTICAL COMMITTEES
INSURANCE ACT, 1913**

33.—(2) The insurance committee, if requested so to do by any committee elected by the medical practitioners who have entered into agreement with the insurance committee for the attendance and treatment of insured persons whose benefit is administered by the insurance committee, and if requested by the local committee elected in manner provided by the last foregoing sub-section, may be authorised by the Insurance Commissioners out of moneys available for the provision of medical benefit within the area to allot to, and for the administrative expenses of, each of the said committees, respectively, such a sum not exceeding one penny in all in respect of each insured person entitled to obtain medical attendance and treatment from the practitioners who have entered into agreement with the insurance committee as may be determined by the insurance committee with the consent of the Commissioners.

**PANEL AND PHARMACEUTICAL
COMMITTEES' REGULATIONS, 1913**

PROVISIONAL REGULATIONS, DATED 27TH OCTOBER, 1913, MADE UNDER SECTION 15 OF THE NATIONAL INSURANCE ACT, 1911, AND SECTIONS 32 AND 33 OF THE NATIONAL INSURANCE ACT, 1913

The National Health Insurance Joint Committee, acting jointly with the Insurance Commissioners and the Welsh Insurance Commissioners, hereby certify under Section 2 of the Rules Publication Act, 1893, that on account of urgency, the following Regulations should come into operation immediately, and in pursuance of the powers conferred on them by Section 15 of the National Insurance Act, 1911, and Sections 32 and 33 of the National Insurance Act, 1913, and by the National Insurance (Joint Committee) Regulations, 1912 and 1913, hereby make the following Regulations to come into operation forthwith as Provisional Regulations :—

PART I (GENERAL)

SHORT TITLE

1. These Regulations may be cited as the National Health Insurance (Panel and Pharmaceutical Committee) Regulations, 1913.

INTERPRETATION

2.—(1) In these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them :—

“ The Act ” means the National Insurance Act, 1913 ;

“ The Commissioners ” means the Insurance Commissioners, or in the application of these Regulations to Wales, the Welsh Insurance Commissioners ;

“ Practitioner on the panel ” means a duly qualified medical practitioner who is under agreement with an Insurance Committee to undertake the medical attendance and treatment of insured persons ;

“ Person supplying drugs or appliances ” means a person, firm or body corporate who is under agreement with an Insurance Committee to undertake whether at one or more places of business the supply of drugs, medicines or appliances to insured persons ;

“ Registered Pharmacist ” means a person registered as a chemist and druggist under the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908 ;

“ Panel Committee ” means the committee to be appointed under the provisions of Section 32 of the Act by practitioners on the panel ;

“ Pharmaceutical Committee ” means the committee to be elected under the provisions of Section 33 of the Act by persons supplying drugs or appliances ;

(2) The Interpretation Act, 1889, applies to the interpretation of these Regulations as it applies to the interpretation of an Act of Parliament.

PART II

Method of Appointment of Panel Committee

QUALIFICATION FOR MEMBERSHIP

3. All the members of the Panel Committee shall be duly qualified medical practitioners and not less than three-fourths of the members shall be practitioners on the panel.

RETURN OF NAMES OF PRACTITIONERS ON PANEL

4. The Clerk to the Insurance Committee for every County and County Borough shall before the 31st day of October, 1913, make a return to the Commissioners of the names and the addresses of the places of residence of medical practitioners who are on the 13th day of October, 1913, practitioners on the panel for that County or County Borough.

CONDUCT OF ELECTION

5. Save as hereinafter provided, the first appointment of persons to be members of the Panel Committee shall be made by

means of an election held in accordance with the following provisions :—

(1) The number of persons to be elected as members of the Panel Committee for each County and County Borough shall be the number set opposite to the name of that County or County Borough in the First Schedule to these Regulations.

(2) The Commissioners shall appoint a returning officer and one or more persons to act in the place of the returning officer so appointed in the event of his absence or inability to act.

(3) The practitioners whose names are contained in the return to be made by the Clerk to the Insurance Committee as aforesaid (in this part of these Regulations called "the electors") shall be the persons entitled to elect the Panel Committee, and to be elected as being practitioners on the panel.

(4) Any practitioner whose name is contained in the official copy of the Medical Register published for the year 1913, or is subsequently included in the Medical Register at any date before the 13th day of October, 1913, shall be entitled to be nominated as a candidate.

(5) Each elector desiring to nominate a candidate or candidates for election in any County or County Borough shall despatch by post so as to be delivered at the office of the Commissioners not later than twelve noon on the 10th day of November, 1913, an application for a nomination paper for that County or County Borough, and the Commissioners shall issue to him a nomination paper.

(6) Every candidate for election shall be nominated in writing on a nomination paper issued as aforesaid, and the nomination paper shall state the full name and address of the candidate, and shall be signed by at least two electors, and shall be despatched by post so as to be delivered at the office of the Commissioners not later than twelve noon on the 20th day of November, 1913.

(7) The returning officer shall, as soon as may be, send to the address of each person so nominated notice that he has been nominated as a candidate for election together with a list of all the persons nominated, stating whether or not each such person is a practitioner on the panel, and a statement of the number of vacancies, and unless the person so nominated despatches by post so as to be delivered at the office of the Commissioners not later than twelve noon on a day which shall be stated in the notice a notice that he does not consent to be nominated, he shall be deemed to have given his consent.

(8) If the number of duly qualified candidates does not exceed the number of vacancies, the returning officer shall declare those candidates to be elected, and for the purpose of filling any vacancy in respect of which more than one duly qualified candidate is

nominated a poll shall be taken in the manner hereinafter mentioned :

Provided that where the number of electors nominated is not sufficient to fill the vacancies for which that qualification is requisite, the number of persons, other than electors, entitled to be elected shall be reduced so as to secure that at least three-fourths of the persons elected are electors.

(9) Where by reason that no duly qualified candidate has been nominated, or that the number of persons, other than electors, entitled to be elected has been reduced under the provisions of the last preceding paragraph, the number of persons elected is less than the number set opposite to the name of the County or County Borough in the First Schedule to these Regulations, the persons elected may at their first meeting or at any adjournment thereof appoint duly qualified persons to fill any of the vacancies.

(10) Where in any County or County Borough there are more than twenty and less than one hundred persons entitled to elect the Panel Committee, the first members of the Committee may, if they think fit, at their first meeting or at any adjournment thereof appoint in addition to be members of the Committee any duly qualified medical practitioners to a number not exceeding one-fifth of the total number of members of the Committee, but in making any such appointments they shall secure that at least three-fourths of the Committee are practitioners on the panel.

METHOD OF TAKING A POLL

6.—(1) Where a poll is required to be taken, each elector shall be entitled to cast a number of votes equal to the number of vacancies in respect of which a poll is taken, but may not cast more than one vote for any one candidate.

(2) The returning officer shall, as soon as may be, despatch by post to the address of every elector a voting paper, and if the elector desires to record a vote he shall mark the voting paper in accordance with the instructions set forth on the voting paper, and shall despatch it by post so as to be delivered at the office of the Commissioners not later than twelve noon on a day stated on the voting paper, which shall be a day at least seven days subsequent to the despatch of the voting paper.

(3) The returning officer shall examine the voting papers and after rejecting any that are invalid shall count the votes recorded on the remaining papers, and shall prepare a list of the candidates according to the number of votes which each has received, the person receiving the greatest number of votes being placed highest on the list.

(4) If the votes received by any two or more candidates are equal, the returning officer shall decide by lot which of the candidates shall be placed highest on the list.

(5) The returning officer shall first declare to be elected those persons who are highest on the list and who are respectively qualified to fill those vacancies, if any, in respect of which a particular qualification is requisite, and thereafter shall declare the remaining candidates who are highest on the list to be elected in such number as to fill the remaining vacancies.

MODIFIED FORM OF ELECTION

7.—(1) If before the 20th day of November, 1913, one-third of the electors or any twenty electors in any County (whichever shall be the less number) make representations to the Commissioners that it is desirable to secure that each area in the County shall be represented on the Panel Committee, and for that purpose submit to the Commissioners a list of electors grouped by reference to the areas in which they reside or practise, the Commissioners may, if they think fit, authorise the election hereinbefore prescribed to be held, subject to the modification that at least one elector included in each group shall be appointed to be a member of the Panel Committee and to such consequential modifications, if any, as the Commissioners may think fit.

(2) Before authorising any such modification as aforesaid the Commissioners may require the persons making representations to satisfy them that particulars of the method of grouping electors have been brought to the notice of the electors, and shall consider any objections to that method made by any elector.

(3) The Commissioners may, for the purpose of considering any representations or objections so made, suspend the election in that County and may fix such later dates as they think fit for carrying out the election.

ALTERNATIVE METHOD OF APPOINTMENT

8.—(1) If before the 20th day of November, 1913, one-third of the electors or any twenty electors in any County or County Borough (whichever shall be the less number) submit for the approval of the Commissioners a scheme for the appointment of the Panel Committee in some manner other than that contained in the preceding Regulations, the Commissioners shall consider the scheme and may, if they think fit, suspend the election in that County or County Borough for that purpose.

(2) Before approving the scheme the Commissioners may require the persons submitting the scheme to satisfy them that particulars of the scheme have been brought to the notice of the electors, and shall consider any objections to the scheme made by any elector.

(3) Where the Commissioners have approved a scheme, the Panel Committee shall be constituted in accordance with that scheme.

(4) Where the Commissioners, after consideration of a scheme, decline to approve the scheme, the Panel Committee shall be

elected in the manner hereinbefore prescribed, but the Commissioners may fix such later dates as they think fit for carrying out the election.

PROVISION IN CASE OF SMALL PANELS

9.—(1) Where in any County or County Borough the number of electors does not exceed twenty, the Commissioners may, if they think fit, declare that the electors shall constitute the Panel Committee for that County or County Borough, and in that event the foregoing provisions of this Part of these Regulations shall not apply.

(2) Where the electors constitute the Panel Committee, they may, if they think fit, at their first meeting or at any adjournment thereof appoint to be members of the Committee any duly qualified medical practitioners to a number not exceeding one-third of the number of electors.

TERM OF OFFICE

10. The first members of the Panel Committee shall hold office for a term ending on the 15th day of July, 1914, and shall go out of office on that day.

SCHEMES FOR SUBSEQUENT ELECTIONS

11.—(1) The Panel Committee may before the 31st day of March, 1914, prepare and submit for the approval of the Commissioners a scheme for the appointment of a Panel Committee after the expiration of the term of office of the first members of the Panel Committee.

(2) In the case of a Panel Committee for a County the scheme shall, unless the Commissioners otherwise permit, and in the case of a Panel Committee for a County Borough the scheme may, provide that for the purposes of the appointment of the Panel Committee the County or County Borough shall be divided into a number of areas and that separate elections shall be held in respect of each area, and where the County or County Borough is so divided, the scheme shall define the extent of each of the proposed areas and the number of representatives on the Panel Committee to be assigned to the practitioners on the panel in each area.

(3) Every scheme shall provide for the term of office of the members of the Panel Committee and for the method of filling casual vacancies, whenever they occur, and may provide for the members going out of office in rotation.

(4) Before submitting any scheme to the Commissioners the Panel Committee shall furnish each of the practitioners on the panel with a copy thereof.

(5) The Commissioners shall before approving a scheme so submitted for any County or County Borough take into consideration any representations made, or alternative scheme submitted,

by any practitioner or practitioners on the panel of that County or County Borough.

(6) Where no scheme has been submitted to the Commissioners within the period aforesaid, the appointment of the Panel Committee after the expiration of the term of office of the first members shall be made in such manner as the Commissioners may determine.

ALTERATION OF SCHEMES

12.—(1) Subject to any alterations which the Commissioners may require to be made in any scheme so submitted, the Commissioners may approve the scheme for such period as they think fit.

(2) The Panel Committee may from time to time, with the approval of the Commissioners, make such alterations in the scheme as they think fit, but before approving any such alterations the Commissioners shall take into consideration any representations made by any practitioner or practitioners on the panel.

PART III

Method of Election of Pharmaceutical Committee

NUMBER OF MEMBERS OF PHARMACEUTICAL COMMITTEE

13.—(1) The Pharmaceutical Committee for each County or County Borough shall consist of a number of persons equal to one-fifth of the number of members of the Insurance Committee for that County or County Borough.

(2) Not less than two-thirds of the total number of members of the Pharmaceutical Committee shall be registered pharmacists.

RETURN OF PERSONS SUPPLYING DRUGS OR APPLIANCES

14. The Clerk to the Insurance Committee for every County and County Borough shall before the 31st day of October, 1913, make a return to the Commissioners of the names of persons, firms, and bodies corporate who are on the 13th day of October, 1913, persons supplying drugs and appliances, and the return shall state the address of the place of business or of any one of the places of business at which each such person, firm or body corporate has agreed with the Insurance Committee to undertake the supply of drugs, medicines, or appliances.

CONDUCT OF ELECTION

15. Save as hereinafter provided, the first election of persons to be members of the Pharmaceutical Committee shall be held in accordance with the following provisions:—

(1) The Commissioners shall appoint a returning officer and one or more persons to act in the place of the returning officer in the event of his absence or inability to act.

(2) The persons, firms, or bodies corporate whose names are contained in the return to be made by the clerk to the Insurance

Committee as aforesaid (in this part of these Regulations called "the electors") shall be the persons entitled to elect the Pharmaceutical Committee.

(3) Any person whose name is included in the Register of Chemists and Druggists on the 13th day of October, 1913, shall be qualified for election as a registered pharmacist.

(4) Each elector desiring to nominate a candidate or candidates for election in any County or County Borough shall despatch by post so as to be delivered at the office of the Commissioners not later than twelve noon on the 10th day of November, 1913, an application for a nomination paper for that County or County Borough, and the Commissioners shall issue to him a nomination paper.

(5) Every candidate for election shall be nominated in writing on a nomination paper issued as aforesaid, and the nomination paper shall state the full name and address of the candidate, and shall be signed by or on behalf of at least two electors, and shall be despatched by post so as to be delivered at the office of the Commissioners not later than twelve noon on the 20th day of November, 1913: Provided that where one only of the electors is a person who under any agreement with the Insurance Committee is not entitled to dispense, a nomination paper shall not be invalid by reason that it is signed by or on behalf of that elector alone.

(6) The returning officer shall, as soon as may be, send to the address of each person so nominated notice that he has been nominated as a candidate for election together with a list of all the persons nominated, stating whether or not each such person is a registered pharmacist and a statement of the number of vacancies, and unless the person so nominated despatches by post so as to be delivered at the office of the Commissioners not later than twelve noon on a day which shall be stated in the notice a notice that he does not consent to be nominated, he shall be deemed to have given his consent.

(7) If not more than six electors are persons who under any agreement with the Insurance Committee are not entitled to dispense, at least one of any persons, other than registered pharmacists, nominated by the requisite number of those electors shall be elected, and if more than six, at least two of any persons, other than registered pharmacists, so nominated shall be elected.

(8) Where the number of duly qualified candidates does not exceed the number of vacancies, the returning officer shall declare those candidates to be elected, and for the purpose of filling any vacancy in respect of which more than one duly qualified candidate is nominated a poll shall be taken in the manner hereinafter mentioned:

Provided that where the number of registered pharmacists nominated is not sufficient to fill the vacancies for which that

qualification is requisite, the number of persons, other than registered pharmacists, entitled to be elected shall be reduced so as to secure that at least two-thirds of the persons elected are registered pharmacists.

(9) If by reason that no duly qualified candidate has been nominated, or that the number of persons other than registered pharmacists entitled to be elected has been reduced under the provisions of the last preceding paragraph, any vacancy remains unfilled, the persons elected may at their first meeting or at any adjournment thereof appoint a registered pharmacist to fill the vacancy, and, if any vacancy occurs by reason that the elector or electors not entitled to dispense as aforesaid, have not nominated at least one or two candidates, as the case may require, the persons elected may at the same meeting appoint a duly qualified person to fill the vacancy.

METHOD OF TAKING A POLL

16.—(1) Where a poll is required to be taken, each elector shall be entitled to cast a number of votes equal to the number of vacancies in respect of which the poll is taken, but may not cast more than one vote for any one candidate.

(2) The returning officer shall, as soon as may be, despatch by post to the address of every elector a voting paper, and if the elector desires to record a vote he shall mark the voting paper in accordance with the instructions set forth on the voting paper, and shall despatch it by post so as to be delivered at the office of the Commissioners not later than twelve noon on a day stated on the voting paper, which shall be a day at least seven days subsequent to the despatch of the voting paper.

(3) The returning officer shall examine the voting papers, and after rejecting any that are invalid shall count the votes recorded on the remaining papers, and shall prepare a list of the candidates according to the number of votes which each has received, the person receiving the greatest number of votes being placed highest on the list.

(4) If the votes received by any two or more candidates are equal, the returning officer shall decide by lot which of the candidates shall be placed highest on the list.

(5) The returning officer shall first declare to be elected those persons who are highest on the list and who are respectively qualified to fill those vacancies, if any, in respect of which a particular qualification is requisite, and thereafter shall declare the remaining candidates who are highest on the list to be elected in such number as to fill the remaining vacancies.

ALTERNATIVE METHOD OF ELECTION

17. If before the 20th day of November, 1913, representations are made to the Commissioners by any electors in any County or

County Borough that the method of election prescribed in these Regulations will not be satisfactory, the Commissioners may, if they think fit, dispense with all or any of the requirements of this Part of these Regulations relating to the election of the Pharmaceutical Committee, and may authorise the electors in that County or County Borough to adopt such other method of holding an election as the Commissioners think fit.

TERM OF OFFICE

18. The first members of the Pharmaceutical Committee shall hold office for a term ending on the 15th day of July, 1914, and shall go out of office on that day.

SCHEMES FOR SUBSEQUENT ELECTIONS

19.—(1) The Pharmaceutical Committee may before the 31st day of March, 1914, prepare and submit for the approval of the Commissioners a scheme for the election of a Pharmaceutical Committee after the expiration of the term of office of the first members of that Committee, and the scheme shall provide for the term of office of the members of the Committee and for the method of filling casual vacancies, whenever they occur, and may provide for the members going out of office by rotation.

(2) Before submitting any scheme to the Commissioners the Pharmaceutical Committee shall furnish each of the persons supplying drugs or appliances with a copy thereof.

(3) The Commissioners shall before approving a scheme so submitted for any County or County Borough take into consideration any representations made, or alternative scheme submitted, by any person or persons supplying drugs or appliances in respect of that County or County Borough.

(4) Where no scheme has been submitted to the Commissioners within the period aforesaid, the election of the Pharmaceutical Committees after the expiration of the term of office of the first members shall be held in such manner as the Commissioners may determine.

ALTERATION OF SCHEMES

20.—(1) Subject to any alterations which the Commissioners may require to be made in any scheme so submitted, the Commissioners may approve the scheme for such period as they think fit.

(2) The Pharmaceutical Committee may from time to time, with the approval of the Commissioners, make such alterations in the scheme as they think fit, but before approving any such alterations the Commissioners shall take into consideration any representations made by any person or persons supplying drugs or appliances.

PART IV

Provisions relating to both Panel and Pharmaceutical Committees

FORM OF VOTING PAPERS, ETC.

21.—(1) The voting papers to be used for the purpose of taking a poll in connection with the Panel and Pharmaceutical Committees respectively shall be in the forms set out in the Second and Third Schedules to these Regulations, with such modifications, if any, as may in the opinion of the returning officer be necessary or expedient in any particular case, and, where in any County the practitioners on the panel are grouped by reference to the areas in which they reside or practise, the voting papers shall state in which group of practitioners each practitioner on the panel is included.

(2) Where any document is, under these Regulations, required to be despatched by post so as to be delivered not later than twelve noon on a named day, it shall be deemed to have been duly despatched, notwithstanding that it has not been delivered by that hour and day, if it has been properly directed and delivered, for registration and despatch, to the Post Office at any place in England, so that in the ordinary course of post it would have been delivered not later than twelve noon on that day.

(3) Where any document is, under these Regulations required to be sent to a practitioner on the panel or to a person supplying drugs or appliances, it shall be deemed to have been duly sent, if it has been posted properly directed to the address which is stated in the return to be made by the Clerk to the Insurance Committee to be the address of the place of residence of the practitioner on the panel, or to the address of the place of business or of any one of the places of business of the person supplying drugs or appliances, as the case may be.

(4) Where any firm or corporate body is entitled to elect, a nomination or voting paper may be signed by any person duly authorised in that behalf by the firm or corporate body, and any paper which purports to be so signed shall be deemed to have been validly signed, unless the contrary is shown.

(5) Where any election has been held, the returning officer shall forthwith inform the Commissioners, who shall give notice to the Insurance Committee and each of the persons nominated of the result of the election.

MISDESCRIPTION, ETC., NOT TO INVALIDATE ELECTION

22.—(1) No election shall be invalid by reason of any misdescription or non-compliance with the provisions of these Regulations, or by reason of any mis-count or of the non-delivery, loss or miscarriage in the course of post of any document required by these

Regulations to be despatched by post, if it appears to the returning officer that the election was conducted substantially in accordance with the provisions of these Regulations.

(2) No misnomer or inaccurate description of any person or place named in any nomination paper or voting paper shall invalidate that paper where, in the opinion of the returning officer, the description of the person or place is such as to be commonly understood.

(3) Any question as to the validity of any nomination or voting paper or otherwise in connection with an election shall be determined by the returning officer.

SPECIAL PROVISION IN CASE OF FAILURE OF ELECTION

23.—(1) Where owing to a deficiency of nominations or the failure of the persons entitled to take part in an election or of any of them to exercise their rights of voting, it appears to the Commissioners that a substantial miscarriage of the election has occurred, the Commissioners may, if they think fit, declare the election to be void, either in respect of all the persons who are highest on the poll or of such of those persons as they may decide.

(2) Where the election is declared to be void in respect of all the persons elected, the Commissioners shall order a new election to be held in the manner provided in these Regulations, and where the election is declared to be void in respect of some only of the persons elected, the Commissioners shall make such provision for filling the remaining vacancies as they think fit.

FIRST MEETING OF COMMITTEE

24. The Clerk to the Insurance Committee for the County or County Borough for which a Panel or Pharmaceutical Committee has been elected shall give notice to the members of the Committee of the time and place of the first meeting.

APPOINTMENT OF SECRETARY

25. The Panel and Pharmaceutical Committees shall at their first meeting or at any adjournment thereof appoint one of their members to act as secretary to the Committee, and the person so appointed shall forthwith notify his appointment to the Commissioners.

QUORUM

26. One-third of the number of members of the Panel or Pharmaceutical Committee, or where one-third is not a whole number, the next whole number above one-third shall form a quorum of that Committee.

DISQUALIFICATION AND RETIREMENT OF MEMBERS

27.—(1) Where a member of the Panel or Pharmaceutical Committee was at the time of his appointment a practitioner on the

panel or a registered pharmacist, as the case may be, and subsequently ceases to be a practitioner on the panel or a registered pharmacist, his seat on that Committee shall thereupon be vacated and a casual vacancy shall be deemed to have occurred.

(2) Where a member of the Panel or Pharmaceutical Committee has been absent from three consecutive meetings of the Committee, the secretary or acting secretary of the Committee shall inform the Commissioners, and unless the Commissioners are satisfied that his absence was due to illness or other reasonable cause, they shall declare that his seat on the Committee has been vacated and shall inform the Committee accordingly, and thereupon a casual vacancy shall be deemed to have occurred.

(3) A member of the Panel or Pharmaceutical Committee may at any time in writing signed by him and delivered to the secretary or acting secretary of the Committee resign his office.

METHOD OF FILLING CASUAL VACANCIES

28.—(1) Where by reason of the resignation, death, or disqualification of a member of the Panel or Pharmaceutical Committee, a casual vacancy in the membership of the Committee occurs, the Committee shall, within three months after its occurrence, appoint a member in the place of the person whose seat is vacated, and where the person whose seat is vacated was at the time of his appointment a practitioner on the panel or a registered pharmacist, the person appointed by the Committee in his place shall have a like qualification.

(2) Where in any County the practitioners on the panel are grouped according to areas, and the person whose seat is vacated is a practitioner included in one of such groups, the Panel Committee in appointing a person in his place shall, so far as may be practicable, secure that the Committee shall continue to include at least one practitioner on the panel in that group.

(3) Where by reason that no duly qualified person is available or for any other reason, the Committee have made no appointment within the period aforesaid, the Commissioners shall appoint a member in the place of the person whose seat is vacated, and pending any such appointment, the proceedings of the Committee shall not be invalid by reason of a vacancy.

(4) The person so appointed shall hold office for the remainder of the period for which the member in whose place he is appointed would have been entitled to hold office.

INFORMATION TO BE SENT TO COMMISSIONERS

29. The secretary or acting secretary of the Panel or Pharmaceutical Committee shall, as soon as may be, inform the Commissioners of the names and addresses of the persons, if any, appointed at the first meeting of the Committee, of any casual vacancies in the membership of the Committee which may from

time to time occur, and of the names and addresses of the persons, if any, appointed to fill those vacancies.

THIS PART OF REGULATIONS TO BE TEMPORARY

30. The provisions of this Part of these Regulations shall only have effect during the term of office of the first members of the Panel and Pharmaceutical Committees.

PART V

Duties of Panel and Pharmaceutical Committees

[Revoked by Article 86 of Medical Benefit Regulations, 1913]

THE FIRST SCHEDULE

PART I

ENGLAND

COUNTIES

Number of Members of Panel Committee

Bedford 20	Isle of Wight 20	Somerset 28
Berkshire 24	Kent 32	Southampton 28
Buckinghamshire .. 24	Lancashire 40	Staffordshire 32
Cambridgeshire 20	Leicestershire .. 24	Suffolk, East 24
Cheshire 32	Lincs, Holland .. 20	Suffolk, West 20
Cornwall 24	Lincs, Kesteven .. 20	Surrey 32
Cumberland 24	Lincs, Lindsey .. 24	Sussex, East 24
Derbyshire 32	London 40	Sussex, West 24
Devonshire 28	Middlesex 36	Warwick 24
Dorsetshire 24	Norfolk 24	Westmorland 20
Durham 36	Northamptonshire 24	Wiltshire 24
Essex 36	Northumberland .. 24	Worcestershire .. 24
Gloucestershire 24	Nottinghamshire .. 28	Yorks, E. Riding .. 24
Herefordshire 20	Oxfordshire 24	Yorks, N. Riding .. 28
Hertfordshire 24	Rutlandshire 20	Yorks, W. Riding . 40
Huntingdonshire .. 20	Salop 24	
Isle of Ely 20	Soke of Peterborough 20	

COUNTY BOROUGHs

Number of Members of Panel Committee

Barnsley 20	Burnley 20	Gateshead 20
Barrow-in-Furness . 20	Burton-upon-Trent 20	Gloucester 20
Bath 20	Bury 20	Great Yarmouth .. 20
Birkenhead 20	Canterbury 20	Grimsby 20
Birmingham 28	Chester 20	Halifax 20
Blackburn 20	Coventry 20	Hastings 20
Blackpool 20	Croydon 20	Huddersfield 20
Bolton 24	Derby 20	Ipswich 20
Bootle 20	Devonport 20	Kingston-upon-Hull 20
Bournemouth 20	Dewsbury 20	Leeds 24
Bradford 24	Dudley 20	Leicester 20
Brighton 20	Eastbourne 20	Lincoln 20
Bristol 24	Exeter 20	Liverpool 28

COUNTY BOROUGH.—(continued)
Number of Members of Panel Committee

Manchester 28	Rochdale 20	Tynemouth 20
Middlesbrough 20	Rotherham 20	Wallasey 20
Newcastle-upon-Tyne 24	St. Helens 20	Walsall 20
Northampton 20	Salford 24	Warrington 20
Norwich 20	Sheffield 24	West Bromwich 20
Nottingham 20	Smethwick 20	West Ham 24
Oldham 20	Southampton 20	West Hartlepool 20
Oxford 20	Southport 20	Wigan 20
Plymouth 20	South Shields 20	Wolverhampton 20
Portsmouth 20	Stockport 20	Worcester 20
Preston 20	Stoke-on-Trent 20	York 20
Reading 20	Sunderland 20	

PART II

WALES

Number of Members of Panel Committee

Counties

County Boroughs

Anglesey 20	Cardiff 20
Brecon 20	Swansea 20
Cardiganshire 20	Newport 20
Carmarthenshire 20	Merthyr Tydfil 20
Carnarvonshire 20	
Denbighshire 20	
Flint 20	
Glamorgan 32	
Merionethshire 20	
Monmouthshire 24	
Montgomeryshire 20	
Pembrokeshire 20	
Radnor 20	

THE SECOND SCHEDULE

Form of Voting Paper

VOTING PAPER

County (or County Borough) of

Instructions to Electors

1. The elector may vote for * candidates, but may not cast more than one vote for any one candidate.
2. The total number of vacancies is * , of which * must be filled by practitioners on the panel, and the remainder may be filled by any duly qualified medical practitioners.
3. The elector shall vote by placing a cross in the right-hand side of the voting paper, opposite the name of each of the candidates for whom he desires to vote, thus **X**, and by signing his name at the foot of the voting paper.
4. If the elector votes for more than the above-mentioned number

* The number is to be inserted by the Returning Officer.

of candidates, or makes any mark on the voting paper other than those authorised by these instructions, his voting paper shall be invalid.

5. If the voter marks the voting paper in such a manner as to cause any uncertainty as to the candidate for whom he desires to record a vote, his voting paper shall be invalid : Provided that the returning officer may, if he thinks fit, treat a voting paper so marked as valid for the purpose of any vote other than that in connection with which the uncertainty arises.

6. This voting paper must be despatched by post so as to be delivered at the office of the Insurance Commissioners not later than twelve noon on the day of November, 1913.

Names of candidates who have been duly nominated for election as members of the Panel Committee for the County (or County Borough) of _____

PART I

Names of Candidates who are Practitioners on the Panel

1	JOHN BROWN Address _____	
2	ALFRED JAMES Address _____	
3	HENRY JONES Address _____	
4	SAMUEL RICHARDS Address _____	
5	WALTER SMITH Address _____	
6	ERNEST TAYLOR Address _____	
7	JAMES THOMSON Address _____	

PART II

Names of Other Candidates

1	HENRY MORGAN Address -----	
2	WILLIAM SIMPSON Address -----	
3	ROBERT ANDERSON Address -----	

Signature of Voter-----

THE THIRD SCHEDULE

Form of Voting Paper

VOTING PAPER

County (or County Borough) of -----

Instructions to Electors

1. The elector may vote for* candidates, but may not cast more than one vote for any one candidate.

2. The total number of vacancies is* , of which* must be filled by registered pharmacists,* must be filled by persons, other than registered pharmacists, who are nominated by electors not entitled to dispense, and the remainder may be filled by any duly nominated person.

3. The elector shall vote by placing a cross in the right-hand side of the voting paper, opposite the name of each of the candidates for whom he desires to vote, thus **X**, and by signing his name at the foot of the voting paper.

4. If the elector votes for more than the above-mentioned number of candidates, or makes any mark on the voting paper other than those authorised by these instructions, his voting paper shall be invalid.

5. If the voter marks the voting paper in such a manner as to cause any uncertainty as to the candidate for whom he desires to record a vote, his voting paper shall be invalid: Provided that the returning officer may, if he thinks fit, treat a voting paper so marked as valid for the purpose of any vote other than that in connection with which the uncertainty arises.

6. This voting paper must be despatched by post so as to be

* The number is to be inserted by the Returning Officer.

delivered at the office of the Insurance Commissioners not later than twelve noon on the _____ day of November, 1913.

Names of candidates who have been duly nominated for election as members of the Pharmaceutical Committee for the County (or County Borough) of _____

PART I

Counterfoil
No.

Names of Candidates who are Registered Pharmacists

1	JOHN BROWN Address _____	
2	ALFRED JAMES Address _____	
3	HENRY JONES Address _____	
4	SAMUEL RICHARDS Address _____	
5	WALTER SMITH Address _____	
6	ERNEST TAYLOR Address _____	
7	JAMES THOMSON Address _____	

NOTE.
The Counterfoil must show a number corresponding to that on the back of the voting paper.

PART II

Names of candidates nominated by electors not entitled to dispense

1	EDWARD ROBINSON Address _____	
2	JAMES ALLEN Address _____	

PART III

Names of Other Candidates

1	HENRY MORGAN Address	
2	WILLIAM SIMPSON Address	
3	ROBERT ANDERSON Address	

No.

NOTE.—*The number on the voting paper is to correspond with that on the counterfoil.*

AGREEMENTS WITH DOCTORS

MEDICAL BENEFIT REGULATIONS, 1913

4. For the purpose of providing treatment for insured persons the Committee shall enter into written agreements with such practitioners as are willing to undertake the treatment of insured persons on the terms of the agreement.

5.—(1) The Committee shall, after consultation with the Local Medical Committee and Panel Committee, embody in a draft agreement the terms upon which it is proposed to invite practitioners to undertake treatment, and shall submit the draft to the Commissioners for their approval.

(2) Every such draft agreement shall include the conditions specified in the First Schedule to these Regulations, and where any payment is to be made to the practitioner out of the proceeds of any Parliamentary grant, shall include such conditions as are necessary to be complied with as conditions of that grant :

Provided that the Committee may, if they think fit, subject to the approval of the Commissioners, make any modifications in any of the conditions specified in the said schedule, whether in the case of individual practitioners or otherwise.

FIRST SCHEDULE

CONDITIONS OF SERVICE FOR PRACTITIONERS

1. The National Insurance Acts, 1911 to 1913, and these Regulations or other Regulations for the administration of medical benefit in force for the time being in the County are incorporated in and form part of the agreement.

2.—(i) The practitioner shall give to all persons who are for the time being entitled to obtain treatment from him such treatment as is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill: Provided that the practitioner shall not, by virtue of the agreement, be required to give, nor entitled under the agreement to make any charge for treatment to any person in respect of a confinement (that is to say, labour resulting in the issue of a living child or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead),¹ [nor to any person suffering from tuberculosis or any other disease the treatment of which may hereafter be included in sanatorium benefit, in so far as that person has been recommended for and is entitled to obtain that treatment as part of his sanatorium benefit].¹

(ii) The practitioner shall not accept any fee or other remuneration in respect of treatment which he is required to give under the agreement, except as provided in the agreement.

3. Where the condition of the patient is such as to require services beyond the competence of an ordinary practitioner the practitioner shall advise the patient as to the steps which should be taken in order to obtain such treatment as his condition may require.

4.—(i) The practitioner shall visit at the place of residence of the patient any patient whose condition so requires.

(ii) Where a patient is at any place other than his place of residence the practitioner shall visit him if his condition so requires, provided that he is within a distance of _____ miles by road from the residence of the practitioner.

(iii) For the purposes of this clause the place of residence of the patient means the place where he resided at the date on which he was accepted by or assigned to the practitioner.

5.—(i) The practitioner shall attend and treat at the places specified for the purpose, and on such days and at such hours as are so specified, any patient who attends there for that purpose.

[*Note.*—These particulars will be contained in a Schedule to the agreement.]

(ii) The practitioner may with the consent of the Committee, which shall not be unreasonably withheld, alter the places, days and hours of his attendance, or any of them, and shall in that event

¹ The words in square brackets are to be omitted in any agreement entered into with a practitioner, if by that agreement the practitioner undertakes to give, in addition to medical treatment under these regulations, domiciliary treatment to persons recommended for sanatorium benefit.

take such steps as the Committee may consider necessary to bring the alteration to the notice of the persons entitled to obtain treatment from him.

6. The practitioner shall order on the form provided by the Committee for the purpose such drugs and prescribed appliances as are requisite for the treatment of any patient other than those which the practitioner may be under arrangement himself to supply, and if the practitioner orders any drug not included in the list from time to time provided to him by the Committee, or orders any drug or appliance for a patient who is a temporary resident, he shall distinguish the order so given in such manner as the Committee may require.

7. All treatment shall be given by the practitioner personally, except where he is prevented from so doing by urgency of other professional duties, temporary absence from home, or other reasonable cause, and the practitioner will to the best of his ability provide that when he is so precluded from personal attendance some other practitioner will give attendance as his deputy on his behalf: Provided that where treatment is given by a deputy the deputy shall be entitled to treat patients at places other than those specified in the agreement, due regard being had to the convenience of the patients.

8. The practitioner shall keep such records of the diseases of his patients and of his treatment of them as may be required as conditions of the payment of any Parliamentary Grant, and such further records as may at any time hereafter be agreed between the Committee and the Panel Committee.

9.—(i) If, owing to any breach on the part of the practitioner of the agreement, any expenses have been reasonably and necessarily incurred by the Committee or by any patient, or the Committee are deprived of any sum which would otherwise have been payable towards the cost of providing medical benefit, the Committee shall be entitled to recover from the practitioner or his legal personal representative, either by deduction from any moneys payable under the agreement or otherwise, the amount of the expenses so incurred and of the sum of which the Committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the Committee shall, unless the matter has been previously dealt with by the Medical Service Sub-Committee or the Joint Services Sub-Committee, refer it to the Medical Service Sub-Committee which shall deal with the matter in accordance with the Regulations relating to the powers and duties of that Sub-Committee:

(iii) The practitioner or his legal personal representative shall be entitled to appeal to the Commissioners from any decision of the Committee under this clause within fourteen days after receiving notice of the decision.

10. Any dispute or question (other than a question which under the provisions of these Regulations or of the last preceding clause hereof is referred to the Medical Service Sub-Committee, or is to be submitted for decision to referees appointed under these Regulations) arising between the Committee and the practitioner or his legal personal representative relating to the construction of the agreement or the rights and liabilities of the Committee or the practitioner or his legal personal representative hereunder shall be referred to the Commissioners.

11. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to Sub-section (2) of Section 15 of the principal Act, or by proviso (i) to Sub-section (5) of that section, or by Section 11 of the amending Act, in respect of the area within which the practitioner is under this agreement required to give treatment, the agreement shall determine forthwith, but save as aforesaid, the agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II of these Regulations.

Any one of the following methods of remuneration or any combination of them may be adopted :—

A

CAPITATION SYSTEM

The rate of _____ a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.

B

CAPITATION SYSTEM *plus* PAYMENT FOR SPECIAL SERVICES

In priority, the rate of _____ a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.

Other rates for all or any of the following services :—

£ s. d.

- (1) Special visit, *i.e.*, visit paid by the patient's desire on the same day as a call received after _____ a.m., or on Sunday..
- (2) Night visit, *i.e.*, visit paid between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours..
- (3) Surgical operation requiring local or general anaesthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit.. ..
- (4) Setting of fracture
- (5) Reduction of dislocation
- (6) Administration of general anaesthetic for the purposes of any operation included in medical benefit

	£	s.	d.
(7) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit—			
(a) per visit			
(b) per attendance at practitioner's residence, surgery or dispensary.. .. .			

C

CAPITATION SYSTEM *plus* PAYMENT FOR SERVICES

In priority, the rate of a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.

Other rates for the following services :—

	£	s.	d.
(1) Visit to the patient's residence			
(2) Attendance on the patient at the practitioner's residence, surgery, or dispensary			
(3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after .. a.m., or on Sunday.. .. .			
(4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours.. .. .			
(5) Surgical operation requiring local or general anaesthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit.. .. .			
(6) Setting of fracture			
(7) Reduction of dislocation			
(8) Administration of general anaesthetic for the purposes of any operation included in medical benefit			
(9) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit—			
(a) per visit			
(b) per attendance at practitioner's residence, surgery or dispensary			

D

PAYMENT FOR SPECIAL SERVICES *plus* CAPITATION SYSTEM

In priority, rates for all or any of the following services :—

	£	s.	d.
(1) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after .. a.m., or on Sunday			

- | | £ | s. | d. |
|---|---|----|----|
| (2) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours.. .. . | | | |
| (3) Surgical operation requiring local or general anaesthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit.. .. | | | |
| (4) Setting of fracture | | | |
| (5) Reduction of dislocation | | | |
| (6) Administration of general anaesthetic for the purposes of any operation included in medical benefit | | | |
| (7) Treatment of tuberculosis in so far as the patient is not entitled to receive such treatment as part of sanatorium benefit— | | | |
| (a) per visit | | | |
| (b) per attendance at practitioner's residence, surgery or dispensary | | | |

A further rate of a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.

E

PAYMENT BY ATTENDANCE

Rates for the following services :—

- | | £ | s. | d. |
|---|---|----|----|
| (1) Visit to the patient's residence | | | |
| (2) Attendance on the patient at the practitioner's residence, surgery, or dispensary | | | |
| (3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday.. .. . | | | |
| (4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours.. .. . | | | |
| (5) Surgical operation requiring local or general anaesthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit.. .. | | | |
| (6) Setting of fracture | | | |
| (7) Reduction of dislocation | | | |
| (8) Administration of general anaesthetic for the purposes of any operation included in medical benefit | | | |
| (9) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit— | | | |
| (a) per visit | | | |
| (b) per attendance at practitioner's residence, surgery or dispensary | | | |

REVISION OF TERMS OF SERVICE OF PRACTITIONERS

16.—(1) If at any time the Committee desire to make any alterations in the terms of service of practitioners on the panel, they shall, after consultation with the Local Medical Committee and Panel Committee, submit for the approval of the Commissioners a statement of the proposed alterations.

(2) If and so far as the proposed alterations are approved by the Commissioners, they shall take effect as from the commencement of the succeeding year, or from such later date as the Commissioners may determine.

(3) The Committee shall not later than eight weeks before the commencement of any year give notice to every practitioner on the panel of the alterations, if any, in the terms of service which will take effect in the succeeding year.

Form Med. 29 (Revised).

Model Agreement between Medical Practitioner and Insurance Committee

PAYMENT BY CAPITATION

AGREEMENT dated the _____ day of _____, 19____, made between the Insurance Committee for the _____ (hereinafter called the "Committee") of the one part and _____ of _____ (hereinafter called the "Practitioner") of the other part, whereby it is agreed as follows—

1. The National Insurance Acts, 1911 to 1913, and the National Health Insurance (Medical Benefit) Regulations (England), 1913 (hereinafter called "the Regulations") or other Regulations for the administration of Medical Benefit in force for the time being in the area of the Committee are incorporated in and form part of this agreement

2. (i) The Practitioner shall as from the date of the commencement of this agreement give to all persons who are for the time being entitled to obtain treatment from him such treatment as is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill: Provided that the Practitioner shall not by virtue of this agreement be required to give, nor entitled under this agreement to make any charge for treatment to any person in respect of a confinement, that is to say, labour resulting in the issue of a living child, or labour after 28 weeks of pregnancy resulting in the issue of a child whether alive or dead.

(ii) The Practitioner shall not accept any fee or other remuneration in respect of treatment which he is required to give under this agreement, except as provided in this agreement.

3. The persons entitled to obtain treatment from the practitioner under this agreement (hereinafter called the "patients") are those persons who

have been or may be accepted by him under the provisions of the Regulations and such other persons as have been or may be assigned to him under any scheme or arrangements made in accordance with the Regulations by the Committee and the Panel Committee.

4. Where the condition of the patient is such as to require services beyond the competence of an ordinary practitioner, the Practitioner shall advise the patient as to the steps which should be taken in order to obtain such treatment as his condition may require.

5. (i) The Practitioner shall attend and treat at the places, on the days and at the hours mentioned in the Third Schedule hereto, any patient who attends there for that purpose.

(ii) The Practitioner may with the consent of the Committee, which shall not be unreasonably withheld, alter the places, days or hours of his attendance, or any of them, and shall in that event take such steps as the Committee may consider necessary to bring the alteration to the notice of his patients.

6. (i) The Practitioner shall visit at the place of residence of the patient any patient whose condition so requires.

(ii) Where a patient is at any place other than his place of residence the Practitioner shall visit him if his condition so requires, provided that he is within a distance of _____ miles by road from the place of residence of the Practitioner.

(iii) For the purposes of this clause the place of residence of the patient means the place where he resided at the date on which he was accepted by or assigned to the Practitioner.

7. The Practitioner shall keep records of the diseases of the patients attended by him and of his treatment of them in the form set out in the Fourth Schedule hereto, and such further records as may at any time hereafter be agreed between the Committee and the Panel Committee, and shall, at the request of any patient, furnish such certificates as are referred to in the First Schedule hereto, and the services rendered by the Practitioner shall be of such a kind as to comply with the conditions set out in the First Schedule hereto (or any such modifications of those conditions as do not impose an additional burden on the Practitioner), being conditions respecting the nature and quality of treatment which must be complied with by reason of any scheme for the distribution of a Parliamentary grant.

8. All treatment shall be given by the Practitioner personally, except where he is prevented by urgency of other professional duties, temporary absence from home, or other reasonable cause, and the Practitioner will to the best of his ability provide that when he is so prevented some other practitioner will give attendance as his deputy on his behalf: Provided that where treatment is given by a deputy, the deputy shall be entitled to treat patients at places, other than those mentioned in the Third Schedule hereto, due regard being had to the convenience of the patients.

9. The Practitioner shall, as soon as may be after the commencement of each quarter, furnish to the Committee on a form to be provided by the Committee a statement of the number of his patients, other than temporary residents, for that quarter, and shall as soon as may be after the expiration of each quarter furnish on a form to be provided by the Committee an account in respect of the treatment during that quarter of patients who are temporary residents.

10. The remuneration of the Practitioner in respect of patients other than temporary residents shall be calculated in accordance with the provisions of Part IV of, and the First Schedule to, the Regulations on the basis of the rate contained in the Second Schedule hereto, and in respect of patients who are temporary residents shall be calculated in accordance with the provisions of Part IV of the Regulations and on the basis of the scale contained in the Fifth Schedule to the Regulations.

11. The Practitioner shall order on a form provided by the Committee for the purpose such drugs and prescribed appliances as are requisite for the treatment of any patient, other than those which the Practitioner may under this agreement or any agreement hereafter to be made with the Committee himself supply, and if the Practitioner orders any drug not included in the list from time to time supplied to him by the Committee or orders any drug or appliance for a patient who is a temporary resident, he shall distinguish the order so given in such manner as the Committee may require.

12. (i) The Practitioner shall himself supply to a patient, where requisite, drugs which are necessarily or ordinarily administered by a practitioner in person, and drugs and appliances required for immediate administration or application, or required for use before a supply can conveniently be obtained otherwise under the Regulations.

(ii) The Practitioner shall furnish, together with the accounts for the treatment of temporary residents, accounts for the drugs and appliances so supplied by him, and payment shall be made therefor at such rate as may be agreed, or in default of agreement at the same rate as that agreed to be paid by the Committee to chemists and other persons supplying drugs or appliances.

13. (i) If, owing to any breach on the part of the Practitioner of this agreement, any expenses have been reasonably and necessarily incurred by the Committee or by any patient, or the Committee are deprived of any sum which would otherwise have been payable towards the cost of providing medical benefit, the Committee shall be entitled to recover from the Practitioner or his legal personal representative, either by deduction from any moneys payable under this agreement or otherwise, the amount of the expenses so incurred and of the sum of which the Committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the Committee shall, unless the matter has previously been dealt with by the Medical Service Sub-Committee or Joint Services Sub-Committee, refer it to the Medical Service Sub-Committee, which shall deal with the matter in accordance with the Regulations relating to the powers and duties of that Sub-Committee.

(iii) The Practitioner or his legal personal representative shall be entitled to appeal to the Commissioners against any decision of the Committee under this clause within fourteen days after receiving notice of the decision.

14. Any dispute or question (other than a question which under the provisions of the Regulations or of the last preceding clause hereof is referred to the Medical Service Sub-Committee, or is to be submitted for decision to referees appointed under the Regulations) arising between the Committee and the Practitioner or his legal personal representative relating to the construction of this agreement or the rights and liabilities of the Committee or the Practitioner or his legal personal representative hereunder shall be referred to the Commissioners.

15. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to Sub-section (2) of Section 15 of the principal Act, or by the proviso (i) to Sub-section (5) of that section, or by Section 11 of the amending Act, in respect of the area within which the Practitioner is under this agreement required to give treatment, this agreement shall be determined forthwith, but save as aforesaid, this agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II of the Regulations.¹

¹ Under Regulation 17 (2) a practitioner who desires to withdraw from the panel may do so at the end of a year, as fixed by the Commissioners, by giving notice to the Committee not less than four weeks before the commencement of the succeeding year, and may with the consent of the Committee withdraw from the panel at any other time.

16. This agreement shall come into force on the 12th day of January, 1914, or on the date of the agreement, whichever date is the later.

17. Except where the context otherwise requires, words and expressions used herein shall have the same meaning as in the Regulations.

In Witness whereof the Committee have caused their common seal to be hereunto affixed and the Practitioner has hereunto set his hand the day and year first above written.

The First Schedule

The conditions of a grant to the Committee will require that records shall be kept of the diseases of the insured persons in the area and of their treatment in such form as is required by the Commissioners,¹ and that such certificates shall be furnished to every insured person, where he so desires and requests, as are required to be furnished by that person in connection with any claim for sickness or disablement benefit made by him in pursuance of the rules of the Society of which he is a member or of the Committee as the case may be, or for the purpose of determining or calculating the period during which sickness benefit is or would, but for any section of the principal Act disentitling him, have been payable, or of calculating arrears, and that the general arrangements made by the Committee shall be such as to secure to insured persons a standard of treatment satisfactory to the Commissioners, and that the domiciliary treatment of persons on panel-lists recommended for sanatorium benefit shall be undertaken by the practitioners by whom they are attended, and that a sum of 6d. per annum in respect of each such person eligible for sanatorium benefit shall be provided for the remuneration of those practitioners in respect of their obligation to afford such treatment.

¹ NOTE.—The form is that set out in the Fourth Schedule to this agreement.

The Second Schedule

RATE FOR CALCULATING REMUNERATION.

The Practitioner shall be credited with a rate of _____ a quarter in respect of persons included in his list at the commencement of the quarter who are entitled to medical benefit and a further rate of _____ a quarter in respect of persons so included who are eligible for sanatorium benefit.

AGREEMENTS WITH CHEMISTS

MEDICAL BENEFIT REGULATIONS, 1913

AGREEMENTS WITH CHEMISTS AND OTHERS

9.—(1) The Committee shall enter into written agreements with chemists and other persons, firms, or bodies corporate, who are willing to undertake the supply of drugs or appliances or both on the terms of the agreement (all of whom are in these Regulations included in the expression “ persons supplying drugs or appliances ”).

T EACH PLACE.

SEAL

-----*Signature of Practitioner.*

-----*Signature of Witness.*

-----*Address of Witness.*

-----*Description of Witness.*

REPORT OF ATTENDANCE

DATE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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OCCUPATION

SEX

AGE

Signature

Date

(2) Subject as hereinafter provided, the Committee shall not enter into an agreement for the dispensing of medicines with any person other than a chemist who undertakes that all medicines supplied by him to insured persons under the arrangements made by the Committee shall be dispensed either by or under the direct supervision of a registered pharmacist or by a person who, for three years immediately prior to the 16th day of December, 1911, has acted as a dispenser to a practitioner or a public institution.

CONDITIONS OF SUPPLYING DRUGS AND APPLIANCES

10.—(1) The Committee shall, after consultation with the Pharmaceutical Committee, embody in a draft agreement the terms upon which it is proposed to invite persons to undertake the supply of drugs or appliances, or both, and shall submit the draft to the Commissioners for their approval.

(2) Every such draft agreement shall include the Drug Tariff and the method by which payment for drugs not included in the Drug Tariff is to be calculated, and the conditions specified in the Third Schedule to these Regulations, with the necessary modifications in the case of a person undertaking to supply drugs or appliances only, or not entitled to dispense, and with such other modifications as the Committee may, subject to the approval of the Commissioners, think fit.

(3) The Committee shall make arrangements with the Pharmaceutical Committee for securing that in each area, so far as practicable, one or more of the places of business of persons supplying drugs and appliances shall at all reasonable times be open to insured persons who require drugs or appliances.

PRICES OF DRUGS AND APPLIANCES

8. For the purpose of making arrangements for the supply of drugs and appliances, the Committee shall, after consultation with the Local Medical Committee, the Panel Committee and the Pharmaceutical Committee, prepare a list (in these Regulations referred to as "the Drug Tariff") of the prices on the basis of which the sums to be paid for the drugs ordinarily supplied and for the prescribed appliances are to be calculated, and shall determine the method by which payment for drugs not included in the Drug Tariff is to be calculated.

THIRD SCHEDULE

CONDITIONS OF AGREEMENT FOR SUPPLY OF DRUGS AND APPLIANCES BY CHEMIST

1. The National Insurance Acts, 1911 to 1913, and these Regulations or other Regulations for the administration of medical benefit in force for the time being in the County are incorporated in and form part of the agreement.

2. The chemist shall undertake the supply of drugs and appliances to insured persons at the place or places of business specified for the purpose.

3. The chemist shall, with reasonable promptness, supply to any person presenting an order for drugs or appliances on a form provided by the Committee for the purpose, and signed by any practitioner on the panel or his deputy, such drugs or appliances as are so ordered, and shall so far as practicable keep in stock for that purpose the drugs and medical and surgical appliances specified for the purpose.

4. All drugs and appliances shall be of good quality, and shall be supplied at the prices specified for the purpose together with (in the case of medicines requiring to be dispensed) a fee for dispensing calculated in the specified manner.

[*Note*.—These particulars will be contained in a Schedule to the agreement.]

5. In the case of any drug, the price of which is not so specified, the price shall be calculated by reference to a scale prepared for the purpose together with a dispensing fee calculated as aforesaid where dispensing is required.

6. The chemist shall provide, free of charge to a person presenting such order as aforesaid, proper bottles or other vessels for any substances to which Section 5 of the Poisons and Pharmacy Act, 1908, or the Regulations made under Section 1 of the Pharmacy Act, 1868, relate.

7. Where a person upon presenting an order for any drug or appliance (not being a substance to which the last preceding clause relates) for which a bottle or other vessel is requisite, deposits with the chemist the price of the bottle or other vessel, the chemist shall upon the return of the said bottle or other vessel in a clean condition pay back the sum so deposited.

8. The dispensing of medicines shall be performed either by or under the direct supervision of a registered pharmacist or by a person who for three years immediately prior to the 16th December, 1911, has acted as a dispenser to a practitioner or a public institution.

9. All drugs and appliances shall be supplied to the person presenting such order as aforesaid free of charge to that person.

10.—(i) If, owing to any breach on the part of the chemist of the agreement, any expenses have been reasonably and necessarily incurred by the Committee or by any insured person, or the Committee are deprived of any sum, which would otherwise have been payable towards the cost of providing medical benefit, the Committee shall be entitled to recover from the chemist or his legal personal representative either by deduction from any moneys payable under the agreement or otherwise, the amount of the expenses so incurred and of the sum of which the Committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the Committee shall, unless the matter has previously been dealt with by the Pharmaceutical Service Sub-Committee or Joint Services Sub-Committee, refer it to the Pharmaceutical Service Sub-Committee which shall deal with the matter in accordance with the Regulations relating to the powers and duties of that Sub-Committee.

(iii) The chemist or his legal personal representative shall be entitled to appeal to the Commissioners from any decision of the Committee under this clause within fourteen days after receiving notice of that decision.

11. Any dispute or question (other than a question which under the provisions of these Regulations or of the last preceding clause hereof is referred to the Pharmaceutical Service Sub-Committee) arising between the Committee and the chemist or his legal personal representative relating to the construction of the agreement or the rights and liabilities of the Committee or the chemist or his legal personal representative hereunder, shall be referred to the Commissioners.

12. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to Sub-section (2) of Section 15 of the principal Act or by the proviso (i) to Sub-section (5) of that section, or by Section 11 of the amending Act, in respect of the area of the Committee or any portion of that area, the Committee may, if the Commissioners so require, on giving not less than seven days' notice determine the agreement, but save as aforesaid, the agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II of these Regulations.

REVISION OF DRUG TARIFF, ETC.

18.—(1) If at any time the Committee desire to make any alterations in the Drug Tariff or in any other of the terms upon which the supply of drugs and appliances is undertaken, they shall, after consultation with the Local Medical Committee and the Panel and Pharmaceutical Committees, submit for the approval of the Commissioners a statement of the proposed alterations, and where the Commissioners have prescribed any further appliances, of the prices on the basis of which the sums to be paid for those appliances are to be calculated.

(2) Subject to the approval of the Commissioners, the alterations shall take effect as from the commencement of the succeeding year, or from such later date as the Commissioners may determine.

(3) The Committee shall not later than six weeks before the commencement of any year give notice to each person supplying drugs or appliances of the alterations, if any, in the Drug Tariff or other terms which will take effect in the succeeding year.

**Agreement between persons undertaking to supply
Drugs (other than Scheduled Poisons and Medicines
which require to be dispensed) and appliances, and the
Insurance Committee for the County of London**

FORM M.B. 42

Agreement dated the _____ day of _____, 191____, made _____ between the Insurance Committee for the County of London (hereinafter called the "Committee") of the one part, and _____ of _____ (hereinafter called the "Contractor") of the other part, whereby it is agreed as follows—

1. The National Insurance Acts, 1911 to 1913, and the National Health Insurance (Medical Benefit) Regulations (England), 1913 (hereinafter called "the Regulations"), or other regulations for the administration of medical benefit in force for the time being in the area of the committee, are incorporated in and form part of this agreement.

2. The contractor shall as from the date of the commencement of this agreement undertake to supply drugs (other than poisons for the time being included in the schedule to the Poisons and Pharmacy Act, 1908, and medicines which require to be dispensed, all which are hereinafter referred to as "the excepted drugs") and appliances to insured persons on the terms of this agreement at the place or places of business mentioned in the first schedule hereto, and at such hours as have been or may be specified in any scheme made by the committee and the Pharmaceutical Committee, in accordance with the regulations.¹

3. The contractor shall, with reasonable promptness, supply to any person presenting an order for drugs or appliances on a form provided by the committee for the purpose, and signed by any practitioner on the panel or his deputy, such drugs (other than the excepted drugs) or appliances as are so ordered, and shall so far as practicable, keep in stock for that purpose the drugs (other than the excepted drugs) and medical and surgical appliances mentioned or referred to in the second schedule hereto.

4. All drugs and appliances shall be of good quality, and shall be supplied at the prices mentioned or referred to in the second schedule hereto.

5. In the case of any drug the price of which is not mentioned or referred to in the second schedule hereto, the price shall be calculated by reference to the scale mentioned or referred to in the said schedule.

6. The contractor shall provide free of charge, to a person presenting such order as aforesaid, proper bottles or other vessels for any substances to which Section 5 of the Poisons and Pharmacy Act, 1908, or the regulations made under Section 1 of the Pharmacy Act, 1868, relate.

7. Where a person, upon presenting an order for any drug or appliance (not being a substitute to which the last preceding clause hereof relates) for which a bottle or other vessel is requisite, deposits with the contractor the price of the bottle or other vessel, the contractor shall upon the return of the said bottle or other vessel in a clean condition, pay back the sum so deposited.

8. All drugs and appliances shall be supplied to the person presenting such order as aforesaid, free of charge to that person.

9. (i) If, owing to any breach on the part of the contractor of this agreement, any expenses have been reasonably and necessarily incurred by the committee, or by any insured person, or the committee are deprived of any sum which would otherwise have been payable towards the cost of providing medical benefit, the committee shall be entitled to recover from the

¹ Regulation 10 (3) requires the Committee to make arrangements with the Pharmaceutical Committee for securing that in each area, so far as practicable, one or more of the places of business of persons supplying drugs or appliances shall at all reasonable times be open to insured persons.

contractor, or his legal personal representative, either by deduction from any moneys payable to him under this agreement or otherwise, the amount of the expenses so incurred, and the sum of which the committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the committee shall, unless the matter has previously been dealt with by the Pharmaceutical Service Sub-Committee or Joint Services Sub-Committee, refer it to the Pharmaceutical Service Sub-Committee, which shall deal with the matter in accordance with the regulations relating to the powers and duties of that sub-committee.

(iii) The contractor or his legal personal representative shall be entitled to appeal to the Commissioners against any decision of the committee under this clause within fourteen days after receiving notice of the decision.

10. Any dispute or question (other than a question which under the provisions of the regulations or of the last preceding clause hereof is referred to the Pharmaceutical Service Sub-Committee) arising between the committee and the contractor, or his legal personal representative relating to the construction of this agreement, or the rights and liabilities of the committee, or the contractor, or his legal personal representative hereunder shall be referred to the Commissioners.

11. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to Sub-section (2) of Section 15 of the principal Act, or by proviso (i) to Sub-section (5) of that section, or by Section 11 of the amending Act, in respect of the area of the committee, or any portion of that area, the committee may, if the Commissioners so require, by giving not less than seven days' notice to the contractor, determine this agreement, but save as aforesaid, this agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II of the regulations.¹

12. This agreement shall come into operation on the 12th day of January, 1914, or on the date of the agreement, whichever date is the later.

13. Except where the context otherwise requires, words and expressions used herein shall have the same meaning as in the regulations.

In witness whereof the committee have caused their common seal to be hereunto affixed, and the contractor has hereunto set his hand the day and year first above written.

THE FIRST SCHEDULE

PLACES OF BUSINESS

and such other places as the contractor may from time to time notify in writing to the committee.

THE SECOND SCHEDULE

The list of drugs and prescribed appliances, with the prices annexed, and the method of calculating the prices of drugs not included in the list are those agreed to between the committee and the County of London Association of Pharmacists, and approved by the Commissioners.

Payment shall be made for drugs and appliances supplied on the basis of the prices mentioned or referred to herein, and shall be calculated in accordance with the following provisions of the regulations, viz.—

39.—(1) Every person supplying drugs or appliances (including a practitioner, other than a practitioner to whom the capitation fees are paid in respect of the supply of drugs and appliances) shall, on dates to be appointed by the Commissioners, furnish to the committee accounts on forms provided

¹ Under Regulation 19 (2) a person supplying drugs or appliances may determine his agreement at the end of the year, as fixed by the Commissioners, by giving notice to the Committee, not later than four weeks before the commencement of the succeeding year, and may with the consent of the Committee determine his agreement at any other time.

by the committee, containing particulars of drugs and appliances supplied by him to insured persons, and of the prices of those drugs and appliances, calculated in accordance with the method contained in his agreement with the committee.

(2) The committee shall, if the Pharmaceutical Committee so require, submit such accounts for the examination of the Pharmaceutical Committee, and the Pharmaceutical Committee shall make a report to the committee stating which items in each account ought, in the opinion of the Pharmaceutical Committee, to be accepted, and which, if any, ought to be reduced or disallowed, and any account as adjusted in accordance with the recommendations, if any, of the Pharmaceutical Committee made thereon shall be binding on the person furnishing the account as if it were an account stated.

(3) The committee shall, if the Panel Committee so require, submit to that committee the accounts and the report, if any, made thereon by the Pharmaceutical Committee, and, if the Panel Committee take any objection to any item in any account, or to any recommendation contained in the report, the committee shall decide as to the validity of such objection.

(4) The Panel Committee may, if they think fit, either with or without a previous examination of the accounts, inform the committee that they are willing to accept all or any of the accounts, or any part of any account, as furnished by the committee, or where they have been submitted to the Pharmaceutical Committee as adjusted in accordance with the recommendations, if any, made by that committee, and, in so far as the accounts are accepted by the Panel Committee, they shall be binding on all the practitioners on the panel, and the committee shall be entitled to credit sums to persons supplying drugs or appliances in accordance with those accounts.

(5) The committee shall credit to each person furnishing an account the amount agreed under the foregoing provisions of this regulation, or where no agreement has been arrived at, the amount which the committee may ascertain to be proper, and shall pay to each such person the amount so credited to him, or an amount bearing the same proportion to the sum so credited to him as the amount remaining in the drug fund (after deducting any sums payable out of that fund to the central medical benefit fund, and any sums appropriated under the last preceding regulation) bears to the aggregate amounts so credited to all those persons, whichever is the less.

(8) As soon as may be after the receipt of an account from a person supplying drugs or appliances, the committee shall pay to the person furnishing the account such sum as may be agreed between the committee and the Pharmaceutical Committee in advance of the amount due to him, and shall pay the balance of the amount so due as soon as may be after the expiration of the year.

Signed by the above-named contractor in the presence of_____

_____(Signature of Contractor).

_____(Signature of Witness).

_____(Address of Witness).

_____(Description of Witness).

RULES OF SOCIETIES AS TO BEHAVIOUR DURING ILLNESS

INSURANCE ACT, 1911

14.—(2) Subject to the provisions of this Part of this Act, an approved society may, with the consent of the Insurance Commissioners, provide for the application of its existing rules or make new rules with regard to the manner and time of paying or distributing and mode of calculating, benefits, suspension of benefits, notices and proof of disease or disablement, behaviour during disease or disablement, and the visiting of sick or disabled persons, and for the infliction and enforcement of penalties (whether by way of fines or suspension of benefits or otherwise) in the case of any member being an insured person who is guilty of any breach of any such rule, or of any imposition or attempted imposition in respect of any benefit under this Part of this Act, and may, from time to time with the like consent, alter or repeal any such rules ; but—

(a) no fine imposed under any such rule shall exceed ten shillings or, in the case of repeated breaches of rules, twenty shillings ;

(b) no such rule shall provide for the suspension of any benefit for a period exceeding one year ;

(c) every such rule relating to the visiting of insured persons by visitors appointed by the society shall provide that women shall not be visited otherwise than by women ;

(d) every such rule relating to behaviour during disease or disablement shall be in the prescribed form ;

(e) no such rule shall prescribe any penalty, nor shall any insured person be subject to any penalty, whether by suspension of benefit or otherwise, on account of the refusal by any such person to submit to a surgical operation, or vaccination, or inoculation of any kind, unless such refusal in the case of a surgical operation of a minor character is considered by the society, or on appeal the Insurance Commissioners, unreasonable.

(BEHAVIOUR DURING DISEASE) REGULATIONS, 1912

Every rule of an approved Society with regard to the behaviour during disease or disablement of a member entitled to benefit under the Act shall be in the form set out in the Schedule to these Regulations.

THE SCHEDULE

A member in receipt of sickness or disablement benefit :—

- (a) Shall obey the instructions of the doctor attending him ;
 - (b) Shall not be absent from home between the hours of (1) _____ and shall not be absent at any time without leaving word where he may be found, provided that the (2) _____ may, if they think fit, exempt the member from the operation of this Rule upon such conditions as they may impose ;
 - (c) Shall not leave the (3) _____ where he resides without the consent of (4) _____
 - (d) Shall not be guilty of conduct which is likely to retard his recovery ; (5) _____
- (1) Insert such hours of the evening and morning as may be desired. Different hours should be inserted for Summer and Winter.
 - (2) Insert the desired authority, *e.g.*, Committee of Management.
 - (3) Insert the place, town, or other desired area.
 - (4) Insert the desired authority.
 - (5) Add any further instructions desired by the Society.

RULES OF COMMITTEES

INSURANCE ACT, 1911

14.—(3) The Insurance Committee shall, subject to the approval of the Insurance Commissioners, make rules in respect of any of the matters mentioned in the last preceding sub-section with regard to the administration of benefits by the committee : Provided that no such rule relating to anything to be done by, to, or through the Post Office shall be made without the consent of the Postmaster-General.

MEDICAL BENEFIT—MODEL RULES

(Conduct of Persons in Receipt of Benefit, and Procedure with Regard to Complaints.)

I. CONDUCT OF PERSON IN RECEIPT OF MEDICAL BENEFIT.

An insured person in receipt of medical benefit shall comply with the following rules—

- (a) He shall obey the instructions of the practitioner attending him.
- (b) He shall not conduct himself in a manner which is likely to retard his recovery
- (c) He shall not make unreasonable demands upon the professional services of the practitioner attending him.
- (d) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner.

(e) He shall not summon the practitioner to visit him between the hours of _____p.m. and _____a.m., except in cases of serious emergency.

(f) He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before _____a.m. on the day on which the visit is required.

2. OFFENCES.

(1) The committee may, in their discretion, inflict a fine upon any insured person who is guilty of a breach of any of these rules, or of any of the provisions of the Act relating to medical benefit, or of the regulations, or of any imposition or attempted imposition in respect of medical benefit, of a sum not exceeding _____shillings, or in the case of repeated breaches _____shillings; and may, in the case of repeated breaches, suspend his medical benefit for a period not exceeding _____: Provided that if any act or omission alleged to constitute a breach of these rules is of such a nature as to amount to a breach of any rule of a society of which the insured person is a member, the committee shall refer the matter to the society, and unless the society has unreasonably refused to take action, or the action taken by the society appears to the committee to be inadequate, shall not deal with the matter themselves, except by way of transferring the insured person, in cases where after inquiry they think fit, to another practitioner on the panel.

(2) Any question arising between the committee and a society under this rule shall be referred to the Commissioners.

3. INFLECTION OF PENALTIES.

Before inflicting any penalty upon an insured person, or transferring him to another practitioner, the committee shall give notice to that person of their intention, and if within seven days from the receipt of the notice he gives notice to the clerk to the committee that he desires to be heard in explanation of his conduct, the committee shall, except in cases where the facts have already been investigated by the Medical Service Sub-Committee, fix a day for the hearing by the committee, or shall refer the matter to the Medical Service Sub-Committee, and when the matter is heard by the committee, not less than seven days' notice shall be given to the insured person of the date fixed for the hearing.

4. PROCEDURE OF COMMITTEE OF COMPLAINTS.

Where under the provisions of the regulations any complaint is referred to the Medical Service Sub-Committee, the following procedure shall be adopted—

(a) The clerk to the committee shall, within three days, send a copy of the complaint to the person against whom the complaint is made, and a copy to the chairman of the Medical Service Sub-Committee, and shall, upon receipt of any reply or further statement or reply made by either party, send a copy thereof to the other party and to the chairman.

(b) The Medical Service Sub-Committee shall meet at least once in every _____ weeks, and in a case of urgency the chairman may summon a special meeting by giving not less than seven days' notice to every member of the Medical Service Sub-Committee.

(c) Not less than seven days' notice of the meeting at which a complaint is to be heard shall be given to both parties.

(d) The clerk to the committee shall supply to each member of the Medical Service Sub-Committee copies of the complaint and the reply, if any, thereto, and of any further statements made by either party.

(e) Either party shall be entitled at the hearing to make such statement and produce such evidence, whether written or otherwise, as he may think fit.

(f) The chairman, together with one representative of insured persons, and one of the persons appointed, by the local medical committee, or by the practitioners on the panel, shall form a quorum.

5. FRIVOLOUS OR VEXATIOUS COMPLAINTS.

Any insured person making a complaint to the committee which, after investigation by the committee or the Medical Service Sub-Committee, appears to the committee to be frivolous or vexatious, shall be deemed to have committed a breach of the rules.

6. INTERPRETATION.

Words and expressions used in these rules have the same meaning as in the National Health Insurance (Administration of Medical Benefit) Regulations, 1912, which are in these rules referred to as "the regulations."

[These Rules may be revised in accordance with the new Medical Benefit Regulations.]

STANDARD OF MEDICAL SERVICE

Maintenance of Standard of Medical Service, Drug Supply, and Public Health.

Inquiries as to whether Continuance of Certain Doctors and Chemists on Panels may Prejudice Efficiency of Service.

The efficiency of medical service is maintained by regulation that the medical practitioner, his assistant or substitute shall be duly qualified, by inquiry into complaints by Medical Service Sub-Committee, and by power of Commissioners to abandon panel system if unsatisfactory or to remove from panel any doctor whose treatment is proved upon inquiry to be unsatisfactory.

[Insurance Act, 1911, Sec. 15: see p. 42. Insurance Act, 1913, Sec. 11; see p. 46. Medical Benefit Regulations: 45, 47, 48, 50, 53-74; see pp. 125-132, 107-113.]

The quality of drugs and accuracy of dispensing is maintained by provisions that prescriptions must be dispensed under direct supervision of a registered pharmacist, and that his business be carried on in accordance with provisions of Pharmacy Act, 1868, as amended, 1908. A special sub-committee is constituted to deal with complaints as to supply of drugs and appliances.

[Insurance Act, 1911, Sec. 15; see p. 44. Medical Benefit Regulations: 46, 49, 75, 76; see pp. 113, 128, 131.]



EFFICIENCY OF MEDICAL SERVICE

MEDICAL BENEFIT REGULATIONS, 1913

PART VI

Inquiry where a representation is made to the Commissioners

POWER TO HOLD INQUIRY

53. If any representation is made to the Commissioners by any Committee, Local Medical Committee, or Panel Committee, the Commissioners shall, and if by any other person or body, the Commissioners may, subject as hereinafter provided, hold an inquiry in the manner prescribed by this Part of these Regulations.

REPRESENTATION AND PRELIMINARY STATEMENT

54.—(1) A representation shall be in writing signed by or on behalf of the complainant.

(2) The Commissioners may, if they think fit, require the complainant to send to them a preliminary statement setting out the alleged facts and grounds on which the representation is based, and, where a fact is not within the personal knowledge of the complainant, the source of the information and grounds for the belief of the complainant in its truth, together with such further particulars as they may think necessary, and may require the preliminary statement to be verified by statutory declaration.

POWER TO REFUSE INQUIRY

55. If it appears to the Commissioners, after due consideration of any representation or of any preliminary statement furnished to them by the complainant, not being a Committee, Local Medical Committee or Panel Committee, that no good cause has been shown why an inquiry should be held, they may refuse to hold an inquiry, and shall inform the complainant accordingly.

NOTICES TO BE SENT IN CASE OF INQUIRY

56.—(1) The Commissioners shall, in all cases where an inquiry is to be held, send the following notices, namely:—

(a) A notice to the practitioner (Form 1) informing him that it is proposed to hold an inquiry as to the representation made by the complainant; and

(b) A notice to the complainant (Form 2) informing him that it is proposed to hold an inquiry as to the representation made by him, and requiring him, within a time specified in the notice, to send to the Commissioners a concise statement of the alleged facts and

grounds on which the representation is based (in this Part of these Regulations hereinafter referred to as "the statement of complaint"), together with a list of all the documents which he proposes to put in evidence :

Provided that where the complainant has sent a preliminary statement to the Commissioners, the Commissioners may, if they think fit, dispense with a statement of complaint, and in that case the preliminary statement shall, for the purposes of the inquiry, be treated as the statement of complaint.

(2) The Commissioners may, if they think fit, on the application of the complainant (Form 3) or some person authorised by him, extend the time (Form 4) for sending to them the statement of complaint.

PRACTITIONER MAY ADMIT OR DENY ALLEGATIONS

57. The Commissioners shall send to the practitioner a copy of the statement of complaint and of the list of documents which the complainant proposes to put in evidence, together with a notice (Form 5) informing him that he may, if he so desires, within a time specified in the notice, by a statement in writing addressed to the Commissioners, admit or dispute the truth of all or any of the allegations appearing in the statement of complaint.

RIGHT OF PRACTITIONER TO INSPECT DOCUMENTS

58.—(1) The practitioner may on giving due notice to the complainant inspect, either personally or by an agent authorised in writing, the documents included in the list sent by the complainant to the Commissioners, and the complainant shall give reasonable facilities for the purpose.

(2) The practitioner shall be entitled, on making application to the Commissioners, to a copy of any document in that list, and the Commissioners may, for the purpose of supplying to the practitioner copies of any such documents, require the complainant to deposit with them, or with one of their officers appointed for the purpose, any of the documents for copies of which application has been made, and shall return the documents to the complainant as soon as may be.

POWER TO TREAT REPRESENTATION AS WITHDRAWN IN CERTAIN CASES

59. If the complainant fails, within the time specified in the notice, or within any extended period, to send a statement of complaint to the Commissioners, or if he fails to comply with any other requirements of this Part of these Regulations, the Commissioners may treat the representation as having been withdrawn.

CONSTITUTION OF INQUIRY COMMITTEE

60.—(1) For the purpose of each inquiry the Commissioners

shall constitute an Inquiry Committee composed of a barrister-at-law or solicitor in actual practice and two practitioners, and if any body of practitioners has been established for the purpose by the Joint Committee the two practitioners so appointed shall be selected from that body.

(2) The Commissioners shall appoint one of the members of the Inquiry Committee to be Chairman.

(3) The Commissioners shall appoint a fit person to act as clerk to the Inquiry Committee.

NOTICE OF INQUIRY TO BE GIVEN

61.—(1) The Commissioners shall appoint a day for the holding of the Inquiry, and shall, not less than seven days before the appointed day, send notices (Form 6) to the complainant and the practitioner informing them that the Inquiry will be held on the appointed day.

(2) The Commissioners shall send to each Committee (other than a Committee which is the complainant) on whose list of practitioners undertaking the treatment of insured persons the name of the practitioner appears, notice (Form 7) of the proposed Inquiry, and of the date, time and place on and at which it is proposed to hold the Inquiry, and each such Committee may appear and may take such part in the proceedings at the Inquiry as the Inquiry Committee shall think proper.

POWER TO POSTPONE INQUIRY

62. The Commissioners may, if they think fit, or on the application of either party, postpone the holding of the Inquiry until such date later than the appointed day as they may determine, and thereupon that later day shall for the purposes of this Part of these Regulations be the appointed day.

APPEARANCE BY REPRESENTATIVES

63.—(1) Any Committee, Local Medical Committee, Panel Committee or other body, whether corporate or unincorporate, entitled to appear at the Inquiry, may appear by their Clerk or other officer duly authorised for the purpose, or, with the consent of the Chairman of the Inquiry Committee, by counsel or solicitor.

(2) The complainant, not being one of the bodies above-mentioned, and the practitioner may, with the consent of the Chairman of the Inquiry Committee, appear at the Inquiry—

(a) by any member of his family ;

(b) by counsel or solicitor ;

(c) by any officer or member of any society or other body of persons of which the person in question is a member or with which he is connected.

(3) If either party to an Inquiry, or Committee to whom notice of the Inquiry has been given, desires to appear at the Inquiry by

a representative, and the consent of the Chairman of the Inquiry Committee is required, the party or Committee shall send an application (Form 8) for leave so to appear to the Clerk to the Inquiry Committee not less than five days before the appointed day, and the Clerk shall inform the Chairman who shall, as soon as may be, notify the applicant and such other parties as appear to him to be interested of his decision in the matter, without prejudice to his power at any time during the hearing to consent to any such application and to adjourn the Inquiry for that purpose.

WITHDRAWAL OF REPRESENTATION

64.—(1) The complainant may at any time before the appointed day withdraw the representation by giving notice of withdrawal (Form 9) in writing to the Commissioners.

(2) Where the representation has been withdrawn or is treated by the Commissioners as having been withdrawn, the Commissioners shall (without prejudice to their power to hold an Inquiry as hereinafter provided) forthwith inform the practitioner that the representation has been withdrawn or is treated as having been withdrawn, as the case may be.

AMENDMENT OF STATEMENT OF COMPLAINT

65. The Commissioners at any time before the appointed day, and the Inquiry Committee at any time on or after the appointed day before the conclusion of the Inquiry, may allow the statement of complaint to be amended upon such conditions as they may think just, and may in any case where they think fit, require the complainant to furnish to them in writing further particulars of the alleged facts and grounds appearing in the statement of complaint.

PROCEDURE AT INQUIRY

66. Unless the Inquiry Committee, with the approval of the Commissioners, otherwise determine, the procedure at the Inquiry shall be governed by the rules set out in the Seventh Schedule to these Regulations.

SEVENTH SCHEDULE

Rules for Procedure at Inquiry

1. The Inquiry Committee shall be at liberty to proceed with the Inquiry on the appointed day in the absence of either party (whether represented or not) if they are of opinion that it is just and proper to do so.

2.—(1) The Inquiry Committee may adjourn the Inquiry from time to time as they think fit, and hold adjourned sittings at such time and place as may appear to them suitable.

(2) Witnesses may be heard at the Inquiry on behalf of either party, and all witnesses (including the parties) shall be subject to

examination and cross-examination as nearly as may be as if they were witnesses in an ordinary action.

(3) The Chairman of the Committee shall preside at the Inquiry, but, subject to the decision of the Chairman as to the admissibility of any question, any member of the Committee may put questions to any witness, and the Committee may if they think fit call for such documents and examine such witnesses as appear to them likely to afford evidence relevant and material to the issue, although not tendered by either party.

3. Subject to the provisions of Part VI of these Regulations and of this Schedule, the proceedings at the Inquiry shall be conducted in such manner as the Inquiry Committee may direct.

Inquiry where no representation is made to Commissioners

INQUIRY IN ABSENCE OF REPRESENTATION

67. In any case where it appears to the Commissioners desirable to hold an Inquiry for the purpose of ascertaining whether the continuance of a practitioner on any panel would be prejudicial to the efficiency of the medical service of the insured, the Commissioners may, notwithstanding either that—

(i) no representation to that effect has been made to them, or that—

(ii) if such representation has been made, it has been withdrawn or has been treated as withdrawn, proceed to hold an Inquiry for that purpose, and this Part of these Regulations shall, with the necessary modifications and subject as hereinafter provided, apply accordingly.

NOTICE TO BE SENT TO PRACTITIONER

68. The Commissioners shall send to the practitioner a statement of the facts and grounds which appear to them to justify the holding of an Inquiry (in this Part of these Regulations referred to as the "case for inquiry"), together with a notice (Form 10) informing him that he may if he so desires within a time specified in the notice, by a statement in writing addressed to the Commissioners, admit or dispute the truth of all or any of the allegations appearing in the case for inquiry.

CONSTITUTION OF INQUIRY COMMITTEE

69. If after considering the statement of the practitioner or, if no statement is received, after such lapse of time as the Commissioners may think reasonable, the Commissioners are of opinion that it is desirable to hold an Inquiry, they shall constitute an Inquiry Committee in the manner hereinbefore provided and shall appoint a day for the holding of the Inquiry and shall send—

(a) to the practitioner, a notice (Form 11) informing him that the Inquiry will be held on the appointed day, and

(b) to each Committee on whose list of practitioners undertaking the treatment of insured persons the name of the practitioner appears, a notice (Form 12) of the proposed Inquiry stating the date, time, or place on or at which it is proposed to hold the Inquiry, and each such Committee may appear and may take such part in the proceedings at the Inquiry as the Inquiry Committee shall think proper.

PROCEDURE AT INQUIRY

70. The Commissioners shall appoint some fit person to appear at the Inquiry in support of the allegations in the case for inquiry, and subject thereto, the procedure at the Inquiry shall be governed as nearly as may be by the rules set out in the Seventh Schedule to these Regulations, but those rules may be varied or modified as the circumstances of the case may require and as the Commissioners, or the Inquiry Committee with the approval of the Commissioners, may think fit.

REPORT BY INQUIRY COMMITTEE

71. At the conclusion of the Inquiry, the Inquiry Committee shall, as soon as may be, draw up a report stating such relevant facts as appear to them to be established by the evidence and the inferences of fact which, in the opinion of the Inquiry Committee, may properly be drawn from the facts so established, and the Commissioners, after taking such report into consideration, shall give their decision in due course and may cause it to be published in such manner as they shall think fit.

POWER TO SUSPEND PROCEEDINGS IN CERTAIN CASES

72. Where it appears to the Commissioners that the alleged facts on which any representation or case for inquiry is based are, or may be, the subject of investigation by any other tribunal, they may, if they think fit, direct that no further steps shall be taken under this Part of these Regulations pending the issue of such other investigation.

SERVICE OF NOTICES, ETC.

73.—(1) Where any notice or other document is required or authorised by this Part of these Regulations to be sent by or on behalf of the Commissioners, it shall be a sufficient compliance with the Regulations if the notice or other document is sent by post in a registered letter directed to the person for whom it is intended, at his ordinary address, or, if he is a practitioner, at the address set opposite his name in the Medical Register, and in the case of an Approved Society, branch of an Approved Society, Committee, Local Medical Committee or Panel Committee, to the Secretary of the Society or branch, or to the Clerk or Secretary

of the Committee, Local Medical Committee or Panel Committee, as the case may be.

(2) Where any application, statement or other document is required or authorised by this Part of these Regulations to be sent to the Commissioners or to an Inquiry Committee or to the Chairman of an Inquiry Committee, it shall be a sufficient compliance with these Regulations if the application, statement or other document is sent by post directed to the Secretary to the Commissioners or to the Clerk to the Inquiry Committee at the Office of the Commissioners, as the case may require, and where leave to appear by a solicitor has been granted to any party to an Inquiry, it shall be sufficient compliance with these Regulations if the notice or other document is sent in the manner aforesaid to the solicitor at his professional address.

(3) Until the contrary is proved, any notice, application, statement, or other document sent as aforesaid shall be deemed to be served at the time at which a letter would be delivered in the ordinary course of post.

POWER TO DISPENSE WITH REQUIREMENTS AS TO NOTICES

74. The Commissioners or the Inquiry Committee may dispense with any requirement of this Part of these Regulations respecting notices, applications, documents or otherwise in any case where it appears to the Commissioners or the Inquiry Committee just and proper to do so.

EFFICIENCY OF DRUG SERVICE

MEDICAL BENEFIT REGULATIONS, 1913

PART VII

Inquiries relating to Persons supplying drugs or appliances

CONSTITUTION OF INQUIRY COMMITTEE

75.—(1) For the purpose of holding an inquiry as to whether the inclusion or continuance of a person supplying drugs or appliances in the list of persons supplying drugs or appliances to insured persons is or would be prejudicial to the efficiency of the service, the Commissioners shall constitute an Inquiry Committee composed of a barrister-at-law or solicitor in actual practice and two other persons, who, if any body has been established for the purpose by the Joint Committee, shall be selected from that body.

(2) The Commissioners shall appoint one of the members of the Inquiry Committee to be Chairman.

(3) The Commissioners shall appoint a fit person to act as clerk to the Inquiry Committee.

APPLICATION OF PART VI OF REGULATIONS

76. Subject as aforesaid, the provisions of Part VI of, and the Seventh Schedule to, these Regulations with respect to the power and duty of the Commissioners to institute an inquiry, the procedure to be adopted in connection with an inquiry, the report of the Inquiry Committee, and otherwise shall, with the substitution of the words "Pharmaceutical Committee" for "Local Medical Committee" and such other modifications as may be necessary, apply to inquiries held under this Part of these Regulations, and the forms set out in the Sixth Schedule to these Regulations, with the necessary modifications, or other forms substantially to the like effect, shall be used for the purposes of inquiries under this Part of these Regulations in all cases to which those forms are applicable.

(SIXTH SCHEDULE)

FORM 1

Notice to the Practitioner of intention to hold Inquiry

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of

Take notice that a representation has been made by _____ of _____ to the Insurance Commissioners that your continuance on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons, and that it is proposed to hold an Inquiry with respect to the above representation.

A statement of the alleged facts and grounds on which the above representation is based will be sent to you as soon as possible, and notice of the date appointed for the holding of the Inquiry will follow in due course.

A print of the National Health Insurance (Medical Benefit) Regulations (England), 1913, is enclosed herewith for your information.

Signed_____

Secretary

or

Assistant Secretary

} to the Insurance Commissioners.

Dated_____

FORM 2

Notice to Complainant of intention to hold Inquiry

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.
To _____ of

Take notice that it is proposed to hold an Inquiry with respect to the representation dated the _____ day of _____ 19____, made by you to the Insurance Commissioners to the effect that the continuance of the above-named _____ on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You are hereby required within _____ days after receipt of this notice to set out on the accompanying form—

(a) a concise statement of the facts and grounds on which your said representation is based ; and

(b) a list of all the documents (if any) which you propose to put in evidence at the Inquiry
and to forward the form to the Insurance Commissioners, Buckingham Gate, London, S.W.

Notice of the day appointed for the holding of the Inquiry will be sent to you in due course.

A print of the National Health Insurance (Medical Benefit) Regulations (England), 1913, is enclosed herewith for your information.

Signed_____

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated_____

Statement of Complaint

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.
To the Insurance Commissioners, Buckingham Gate, London, S.W.

The facts and grounds on which the representation made by me with respect to the above-named _____ is based are as follows :—

[*Here set out concise statement of facts and grounds.*]

The following is a list of all the documents which I propose to put in evidence :—

[*Here set out list of documents.*]

Signed_____

Dated_____

FORM 3

Application for extension of time

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.
To the Insurance Commissioners, Buckingham Gate, London, S.W.

I hereby apply for an extension of the time within which my Statement of Complaint in the above matter may be lodged, upon the grounds following, that is to say :—

[*Here set out concisely the grounds on which the extension of time is desired.*]

Signed _____

Dated _____

FORM 4

Grant of extension of time

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.
To _____ of

With reference to the application for an extension of time, dated the _____ day of _____, made by you to the Insurance Commissioners, I am directed by the Insurance Commissioners to state that they have consented to extend the time within which your statement of complaint in the above matter may be lodged for a further period of _____ days from the _____ day of _____ [or that they have not consented to extend the time within which your statement of complaint in the above matter may be lodged].

Signed _____

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated _____

FORM 5

Notice to Practitioner of alleged facts and grounds on which representation is based

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of _____
 With reference to the representation made by _____ of _____
 concerning you (of which representation due notice was given to you dated the _____ day of _____)
) I am directed by the Insurance Commissioners to send you a copy of the statement of complaint received by the Commissioners from the said _____
 setting out the alleged facts and grounds on which the said representation is based, together with a list of all the documents proposed to be put in evidence by him.

You may, if you so desire, inform the Commissioners by statement in writing addressed to me within _____ days after receipt of this notice, whether you admit or dispute in whole or in part the truth of the alleged facts and grounds.

You are further entitled to inspect any of the documents mentioned in the above list, either personally or by an agent authorised in writing, on giving due notice to the above-named _____, and, by applying to the Commissioners for that purpose, to receive copies of any of the said documents.

Signed _____

Secretary
 or
 Assistant Secretary } to the Insurance Commissioners.

Dated _____

FORM 6

Notice to Complainant or Practitioner of day appointed for holding of Inquiry

In the matter of _____ a medical practitioner, and

In the matter of the National Insurance Acts, 1911 to 1913.
 To _____ of _____

With further reference to the representation made by you with
respect to the above-named by

_____ of _____ with respect to you
 Take notice that the Inquiry Committee composed of the following persons, namely:—

will on _____ day the _____ day of _____ 19
 at _____ a.m. at _____ hold an Inquiry to
p.m. investigate the said representation with a view to reporting thereon to the Insurance Commissioners.

You are hereby informed that if you do not attend on the date at the time and place appointed for the Inquiry, the Inquiry Committee may proceed to hold the Inquiry in your absence.

Signed _____

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated _____

FORM 7

*Notice of Inquiry to be sent to any Insurance Committee
which is not the Complainant*

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.
To the Insurance Committee for the County [County Borough] of

Take notice that a representation has been made by
of _____ to the Insurance Commissioners to the
effect that the continuance of the above-named
on the panel of medical practitioners for the County [County
Borough] of _____ would be prejudicial to the
efficiency of the medical service of insured persons.

You are hereby informed that an Inquiry to investigate the said
representation will be held by the Inquiry Committee constituted
by the Commissioners on _____ day the _____ day of

19 _____, at _____
a.m. at
p.m.

and that you are entitled to appear and take such part in the
proceedings as the Inquiry Committee shall think proper.

Signed _____

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated _____

FORM 8

Application for leave to appear at Inquiry by representative

In the matter of _____ a medical practitioner
and

In the matter of the National Insurance Acts, 1911 to 1913.
To the Clerk to the Inquiry Committee, Insurance Commissioners,
Buckingham Gate, London, S.W.

I (We), _____, hereby
 apply for leave to appear at the Inquiry to be held with respect to
 the above-mentioned matter by a representative, viz. (*state name
 and description of representative*).

Signed _____

Dated _____

FORM 9

Withdrawal of representation

In the matter of _____ a medical practitioner,
 and _____

In the matter of the National Insurance Acts, 1911 to 1913.
 To the Insurance Commissioners, Buckingham Gate, London, S.W.

I hereby give notice that I withdraw the representation made by
 me in the above matter.

Signed _____

Dated _____

FORM 10

Notice to Practitioner of Case for Inquiry

In the matter of _____ a medical practitioner,
 and _____

In the matter of the National Insurance Acts, 1911 to 1913.
 To _____ of _____

Take notice that the Insurance Commissioners have under con-
 sideration the question of holding an Inquiry with respect to the
 matters appearing in the subjoined statement, for the purpose of
 ascertaining whether your continuance on the panel of medical
 practitioners for the County [County Borough] of _____
 would be prejudicial to the efficiency of the medical service of
 insured persons.

You may, if you so desire, inform the Commissioners by statement
 in writing, addressed to me, within seven days after receipt of this
 notice, whether you admit or dispute in whole or in part the truth
 of the matter appearing in the said statement.

If the Insurance Commissioners decide to hold an Inquiry, notice
 of the date appointed for the Inquiry will be sent you in due course.

A print of the National Health Insurance (Medical Benefit)
 Regulations (England), 1913, is enclosed herewith for your
 information.

Signed _____

Secretary

or

Assistant Secretary

} to the Insurance Commissioners.

Dated _____

[Statement of grounds for Inquiry.]

FORM 11

Notice to Practitioner of day appointed for holding of Inquiry

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.
To _____ of

Take notice that after further consideration of the matters referred to in their notice of _____ [and of the statement, dated the _____ day of _____, 19____, forwarded by you to them], the Insurance Commissioners have decided to hold an Inquiry, and you are hereby informed that the Inquiry Committee, composed of the following persons, namely:—
will on _____ day, the _____ day of _____ 19____, at _____,

at _____
a.m.
p.m. hold an Inquiry to investigate the said matters with a view to reporting thereon to the Insurance Commissioners.

You are further informed that if you do not attend on the date at the time and place appointed the Inquiry Committee may proceed to hold the Inquiry in your absence.

Signed_____

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated_____

FORM 12

Notice of Inquiry to be sent to Insurance Committee, where no representation has been made to the Commissioners

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.
To _____ of

Take notice that the Insurance Commissioners have decided to hold an Inquiry with respect to the matters appearing in the sub-joined statement for the purpose of ascertaining whether the continuance of the above-named _____ on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You are hereby informed that the Inquiry will be held by the Inquiry Committee constituted by the Commissioners on

day, the _____ day of _____ 19____, at _____ at _____
a.m.
p.m.

and that you are entitled to appear and to take such part in the proceedings as the Inquiry Committee shall think proper.

[*Statement of matters for Inquiry.*]

Signed_____

Secretary

or

Assistant Secretary

} to the Insurance Commissioners.

Dated_____

PROVISIONS FOR RAISING THE STANDARD OF PUBLIC HEALTH

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912

(CONDENSED)

Article II.—Previous Regulations and all Orders made by Local Government Board are revoked.

Article III.—The Regulations come into operation 1st February, 1913, subject to provisions of Article XVII, and have effect throughout England and Wales.

ACTION BY MEDICAL OFFICER OF HEALTH

Article XII.—Upon receipt of a notification, Medical Officer of Health, or an Officer of Local Authority acting under instructions of Medical Officer of Health, shall make inquiries and take steps necessary for investigating source of infection, preventing spread of infection, and removing conditions favourable to infection :

Nothing in this Article shall authorise a Medical Officer of Health or other Officer to take steps herein mentioned at any Institution other than one belonging to Local Authority, except with consent of Managers of that Institution.

SPECIAL POWERS AND DUTIES OF LOCAL AUTHORITIES

Article XIII.—(1) A Local Authority, on advice of their Medical Officer of Health, may supply all such medical or other assistance, and all such facilities and articles as may reasonably be required for detection of Tuberculosis, for preventing spread of infection, removing conditions favourable to infection, and for that purpose may appoint officers, and make arrangements necessary.

This shall not authorise a Local Authority to take any of the measures herein mentioned at any Institution other than one belonging to the Local Authority.

(2) A Local Authority, on advice of their Medical Officer of Health, may provide and publish or distribute information and instruction respecting Tuberculosis, and the precautions to be taken against spread of infection from that disease.

EXCEPTION AND APPLICATION OF ENACTMENTS

Article XVI.—Nothing in these Regulations shall apply, authorise or require a Medical Officer of Health, Local Authority, or any other person or authority, directly or indirectly, to put in force with respect to any person of whom a notification has been transmitted to a Medical Officer of Health any enactment which renders the person, or any one in charge of the person, or any other person, liable to a penalty, or subjects the person to any restriction, prohibition, or disability affecting himself, his employment, occupation or means of livelihood, on the ground of his suffering from Tuberculosis.

MODIFICATIONS CONSEQUENT UPON LOCAL ACTS

Article XVII.—Nothing in the Regulations shall have effect in derogation of any power conferred, or of any duty or obligation imposed with respect to Tuberculosis by a Local Act, and the Regulations shall not apply to a District in which any such Local Act is in force except so far as they impose duties and obligations or confer powers which are not imposed or conferred by Local Act, and which are not inconsistent with any duties, obligations, or powers which are imposed or conferred by Local Act. Such modification as may be necessary to give effect to the intention of this Article shall be deemed to have been made in these Regulations in relation to any such District as aforesaid.

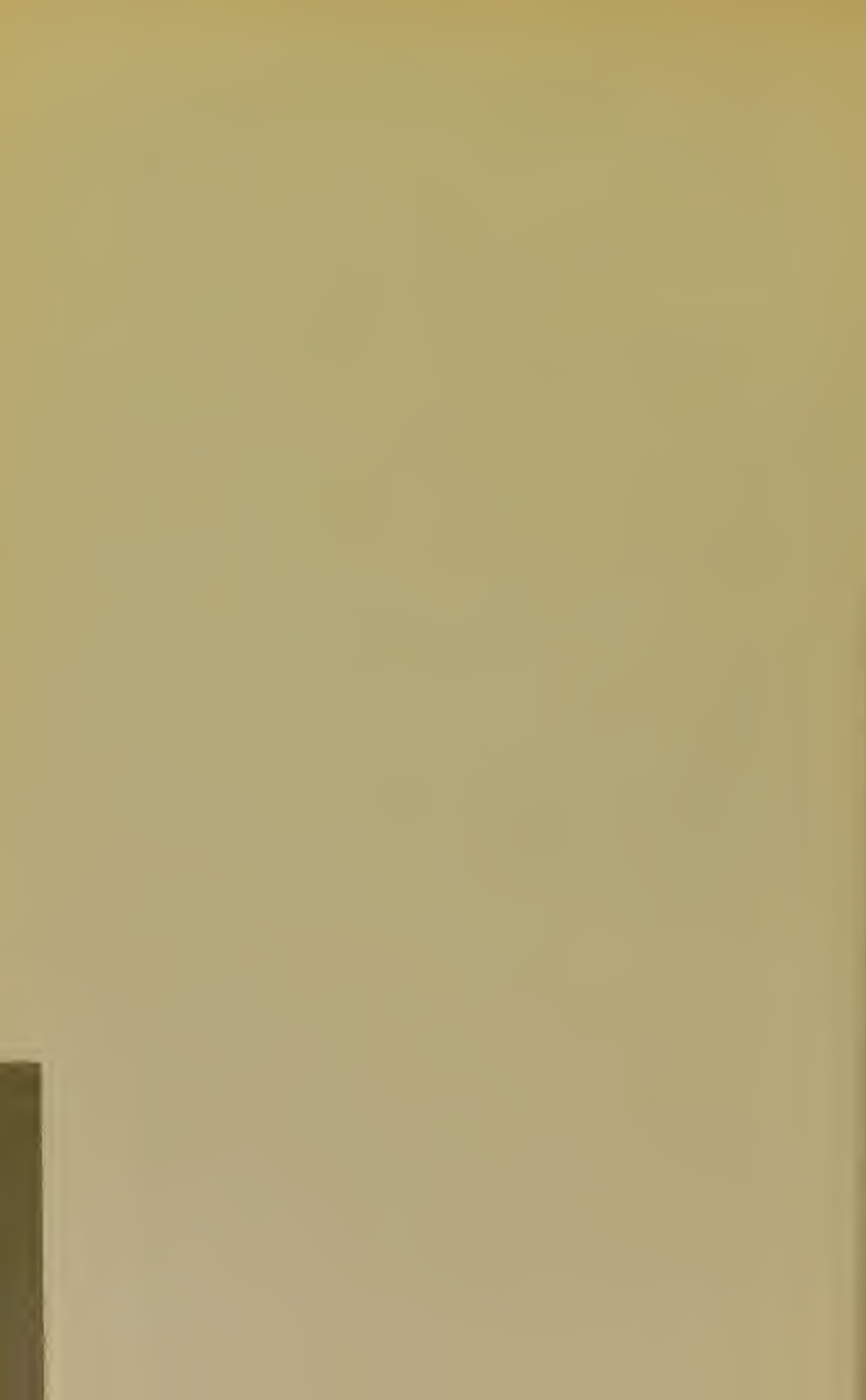
PROCEDURE IN DISPUTES

Procedure in Disputes affecting Doctors, Chemists, and Insured Persons.

Inquiries into Complaints.

Questions as to Range of Medical Service.

Appointment of Medical Referees to Check "Malingering."



MEDICAL BENEFIT REGULATIONS, 1913

PART V

DISPUTE BETWEEN INSURED PERSON AND PRACTITIONER

MEDICAL SERVICE SUB-COMMITTEE

45.—(1) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the "Medical Service Sub-Committee") for dealing with any question arising between a person entitled to obtain treatment from a practitioner on the panel and the practitioner attending him in respect of the treatment (including the granting of certificates) rendered by the practitioner or the conduct of the insured person while receiving that treatment, and every question so arising shall stand referred to that Sub-Committee and the Committee may, if they think fit, refer to that Sub-Committee any other question arising with reference to the administration of medical benefit, or to the discharge by the practitioner of his duties under his agreement with the Committee.

(2) The Medical Service Sub-Committee shall be constituted in the following manner :—

(i) Three persons, and, if the Committee with the consent of the Commissioners so determine, not more than two additional persons shall be appointed to be members of the Medical Service Sub-Committee by and from the members of the Committee who represent insured persons, one person by the Local Medical Committee, and such number of persons by the Panel Committee as will, together with the person appointed by the Local Medical Committee, equal the number appointed by the persons representing insured persons :

Provided that, unless the person appointed by the Local Medical Committee or one of the persons appointed by the Panel Committee is a woman, at least one of the persons appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee ;

(ii) a Chairman shall be selected from those members of the Committee, appointed respectively by the Council of the County and by the Commissioners, who are neither insured persons, practitioners nor registered pharmacists (in this Part of these Regulations referred to as the "neutral members of the Committee") and the selection shall be made by the persons appointed to be members of the Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee.

(3) If in the opinion of the Chairman any member of the Medical Service Sub-Committee is interested, or, in the case of a practitioner is partner or assistant to a practitioner interested, in a question referred to them, that member shall take no part in the hearing thereof, but another person, having the same qualification, if any, as the member who has withdrawn shall be appointed for the purpose of that hearing by the remaining members who represent practitioners or the remaining members who represent insured persons, as the case may be, and the Chairman.

(4) The Committee may, if they think fit, provide for the appointment of a Vice-Chairman of the Medical Service Sub-Committee, who shall be selected from amongst the neutral members of the Committee by the same persons and in the same manner as the Chairman, and a Vice-Chairman so appointed shall in the absence of the Chairman exercise and perform the powers and duties of the Chairman, and shall be entitled to be present at a meeting of the Medical Service Sub-Committee at which the Chairman is present, but not to vote at or take any other part in the proceedings of that meeting.

(5) The Committee may, with the consent of the Commissioners, appoint two or more Medical Service Sub-Committees.

(6) Where any question which under these Regulations is to stand referred to the Medical Service Sub-Committee arises, the person desiring to have the question considered shall state in writing the substance of the matter, and shall forward the statement to the Clerk of the Committee.

(7) The **proceedings at the hearing** before the Medical Service Sub-Committee **shall be private**, and no person shall be admitted to those proceedings except—

(a) the person raising the question and the person with respect to whom the question arises ;

(b) the secretary or other officer of the Society, if any, to which the insured person belongs ;

(c) the secretary or other officer of the Panel Committee ;

(d) such other person, not being counsel or a solicitor or other paid advocate, as the Medical Service Sub-Committee may upon the application of either party admit by reason of the fact that his attendance is required for the purposes of the proceedings or to assist either party in the presentation of his case ; and

(e) such officers and servants of the Committee as they may appoint for the purpose.

(8) The **quorum** of the Medical Service Sub-Committee, their **term of office** and the **procedure** with regard to the hearing of the question, the **nature of the evidence** admitted and otherwise shall, subject to the approval of the Commissioners, be **determined by the Committee**.

(9) The Medical Service Sub-Committee shall draw up a report

stating such relevant facts as appear to them to be established by the evidence placed before them, together with a recommendation as to the action, if any, which should be taken, and shall present the report to the Committee, and the Committee shall accept as conclusive any finding of fact contained in the report.

(10) Where the question at issue relates to the **conduct of an insured person** and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the practitioner so desires, make arrangements for the transfer of the insured person to the list of another practitioner and may deal with him under the rules of the Committee relating to fines and to suspension of medical benefit.

(11) Where the question at issue relates to the **treatment given by a practitioner** and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the insured person so desires, make arrangements for his transfer to the list of another practitioner, and may deal with the matter in accordance with any provisions in that behalf contained in their agreement with the practitioner, and if the Committee are satisfied either

(a) that owing to the number of the persons included in his list the practitioner is unable to give adequate treatment to all those persons ; or

(b) that his conduct has been such as to afford to insured persons on his list adequate grounds for desiring to be removed therefrom,

they may decide that they will, on the application of any insured person included in the list of the practitioner, make arrangements without further inquiry for the transfer of that person to the list of another practitioner.

(12) Where the Committee are of opinion that the continuance on the panel of a practitioner will be prejudicial to the efficiency of the medical service of insured persons, they may make representations to that effect to the Commissioners.

(13) Where under the provisions of their agreement with a practitioner on the panel the Committee have recovered from him any expenses reasonably and necessarily incurred by an insured person entitled to obtain treatment from him owing to a breach on the part of the practitioner of that agreement, the Committee shall repay to the insured person the expenses so incurred.

(14) Where in the course of any investigation it appears to the Medical Service Sub-Committee that a question arises as to whether an operation or other service is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary competence and skill, the Medical Service Sub-Committee shall refer the question to the Local Medical Committee and the question shall be decided in the manner in this

Part of these Regulations provided, and the decision shall be binding on the Medical Service Sub-Committee.

(15) Where a question is raised by a Society as to the action of a practitioner on the panel with regard to any certificate which under his agreement with the Committee he is required to furnish to a member of that Society, the question shall stand referred to the Medical Service Sub-Committee, as if it were a question arising between the member and the practitioner, and the Society shall be entitled to appear before the Sub-Committee by its secretary or other officer.

(16) The Committee shall inform the practitioner, in respect of whom a question has arisen, of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners, within fourteen days, after receiving notice of the decision.

COMPLAINTS AGAINST CHEMISTS

PHARMACEUTICAL SERVICE SUB-COMMITTEE

46.—(1) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the Pharmaceutical Service Sub-Committee) for dealing with any complaint made by a person entitled to obtain treatment from a practitioner on the panel against a person supplying drugs or appliances in respect of the quality of any drugs or appliances supplied, or in respect of any failure to supply drugs or appliances within a reasonable space of time, and every complaint so made shall stand referred to that Sub-Committee.

(2) The Pharmaceutical Service Sub-Committee shall be constituted in the following manner :—

(i) Three persons shall be appointed by and from the members of the Committee who represent insured persons ;

(ii) Three registered pharmacists shall be appointed by the Pharmaceutical Committee ;

(iii) A Chairman shall be selected from the neutral members of the Committee, and the selection shall be made by the persons appointed to be members of the Pharmaceutical Service Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee :

Provided that, unless one of the persons appointed by the Pharmaceutical Committee is a woman, at least one of the persons appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee.

(3) If, in the opinion of the Chairman, any member of the Pharmaceutical Service Sub-Committee is interested, or, in the case of a person supplying drugs or appliances, is partner or assistant to a person interested, in a complaint referred to them, that member

shall take no part in the hearing thereof, but another person, having the same qualification as the member who has withdrawn, shall be appointed for the purpose of that hearing by the remaining members who are registered pharmacists, or the remaining members who represent insured persons, as the case may be, and the Chairman.

(4) The Committee may, with the consent of the Commissioners, appoint two or more Pharmaceutical Service Sub-Committees.

(5) The provisions of these Regulations relating to the appointment and duties of a Vice-Chairman of the Medical Service Sub-Committee, the persons entitled to be admitted to their proceedings, and the duties of that Sub-Committee with respect to hearing and reporting on a complaint, shall apply to the Pharmaceutical Service Sub-Committee, with the substitution of the words "Pharmaceutical Service Sub-Committee" for "Medical Service Sub-Committee" and "Pharmaceutical Committee" for "Panel Committee," and subject thereto the quorum of the Pharmaceutical Service Sub-Committee, their term of office and the procedure with regard to the hearing of a complaint, the nature of the evidence admitted and otherwise shall, subject to the approval of the Commissioners, be determined by the Committee.

(6) Where the allegation made against a person supplying drugs or appliances is in the opinion of the Committee substantiated, the Committee may deal with the matter in accordance with any provisions in that behalf contained in their agreement with the person supplying drugs or appliances, and, if in their opinion the continuance of that person on the list will be prejudicial to the efficiency of the service of insured persons, may make representations to that effect to the Commissioners.

(7) Where under the provisions of their agreement with a person supplying drugs or appliances the Committee have recovered from him any expenses reasonably and necessarily incurred by an insured person owing to a breach on the part of the person supplying drugs or appliances of that agreement, they shall repay to the insured person the expenses so incurred.

(8) The Committee shall inform the person supplying drugs or appliances, in respect of whom a complaint has been made, of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners within fourteen days after receiving notice of the decision.

JOINT SERVICES SUB-COMMITTEE

47.—(1) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the "Joint Services Sub-Committee") in the following manner:—

(i) The Medical Service Sub-Committee shall appoint from amongst its members two practitioners.

(ii) The Pharmaceutical Service Sub-Committee shall appoint from amongst its members two registered pharmacists.

(iii) Two persons shall be appointed by and from the members of the Committee who represent insured persons :

Provided that, unless any of the persons appointed by the Medical Service Sub-Committee or the Pharmaceutical Service Sub-Committee is a woman, at least one of the persons appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee.

(iv) A Chairman shall be selected from the neutral members of the Committee, and the selection shall be made by the persons appointed to be members of the Joint Services Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee.

(2) If in the opinion of the Chairman, any member of the Joint Services Sub-Committee is interested, or, in the case of a practitioner or person supplying drugs or appliances, is partner or assistant to a person interested, in a question referred to them, that member shall take no part in the hearing thereof, but another person having the same qualification as the member who has withdrawn shall be appointed for the purpose of that hearing by the remaining members of the class of members to which the member who has withdrawn belongs, and the Chairman.

(3) Where in the opinion of the Medical Service Sub-Committee any matter referred to that Sub-Committee involves a question relating to a person supplying drugs or appliances, or where in the opinion of the Pharmaceutical Service Sub-Committee any matter referred to that Sub-Committee involves a question relating to a practitioner on the panel, the Sub-Committee shall in lieu of dealing with the matter themselves, refer it to the Joint Services Sub-Committee.

(4) The provisions of these Regulations relating to the appointment and duties of a Vice-Chairman of the Medical Service Sub-Committee, the persons entitled to be admitted to their proceedings, and the duties of that Sub-Committee with respect to hearing and reporting on a question shall apply to the Joint Services Sub-Committee, with the substitution of the words, "Joint Services Sub-Committee" for "Medical Service Sub-Committee," save that the Secretaries or other officers of the Panel Committee and of the Pharmaceutical Committee shall be entitled to be admitted, and subject thereto the quorum of the Joint Services Sub-Committee, their term of office and the procedure with regard to the hearing of a question, the nature of the evidence admitted and otherwise shall, subject to the approval of the Commissioners, be determined by the Committee.

(5) The Committee shall be entitled to take action on a report

made by the Joint Services Sub-Committee in respect of a practitioner on the panel, a person supplying drugs or appliances, or an insured person in the same manner as on a report made by the Medical Service Sub-Committee or Pharmaceutical Service Sub-Committee and shall inform the practitioner or person supplying drugs or appliances of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners within fourteen days after receiving notice of the decision.

LOCAL MEDICAL COMMITTEE TO CONSIDER COMPLAINTS

48. It shall be the duty of the Local Medical Committee to consider any complaint made by a practitioner on the panel against any other practitioner on the panel involving any question of the efficiency of the medical service of insured persons, and the Local Medical Committee may apply to the Commissioners to remove the name of the practitioner against whom complaint is made from the panel.

PHARMACEUTICAL COMMITTEE TO CONSIDER COMPLAINTS

49. It shall be the duty of the Pharmaceutical Committee to consider any complaint made by a person supplying drugs or appliances against any other person supplying drugs or appliances, involving any question of the efficiency of the service of drugs or appliances to insured persons, and the Pharmaceutical Committee may apply to the Commissioners to remove the name of the person against whom complaint is made from the list of persons supplying drugs or appliances.

DISPUTES AS TO RANGE OF MEDICAL SERVICE

50.—(1) If the Committee are of opinion that a question has arisen in the course of any treatment given by a practitioner on the panel to an insured person under the arrangements made by the Committee, as to whether an operation or other service is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill, that question shall be referred to the Local Medical Committee, and, if the Local Medical Committee and the Committee fail to come to an agreement, the matter shall be submitted for decision to Referees appointed under these Regulations in such summary manner as, subject to any rules made by the Commissioners in that behalf, may be directed by the Commissioners; and the decision of those Referees, given after hearing such parties and taking such evidence, if any, as they think just, shall be final, and the Referees in giving any such decision shall state whether in arriving at their decision they have had regard to any custom or practice of the medical profession which is peculiar to the area in which the question arose.

(2) For the purpose of giving effect to these Regulations the

Commissioners shall, upon any such question arising, nominate as Referees two practitioners (who shall be selected from any panel of practitioners set up by the Joint Committee for the purpose, or, if no such panel exists, from among practitioners in actual practice in Great Britain) and one barrister-at-law or solicitor in actual practice.

(3) The Referees may decide any question coming before them by a majority, but, subject as aforesaid, their procedure shall be such as they may from time to time determine.

(4) If on any question referred to the Local Medical Committee under this Article the Committee and the Local Medical Committee are agreed, the Committee shall report the matter to the Commissioners and the Commissioners may, if they think fit, refer the question for decision to Referees in the manner provided in this Article, and the foregoing provisions of this Article shall apply accordingly.

PROCEDURE ON APPEAL TO COMMISSIONERS

51. Where under the provisions of these Regulations or of any agreement made between the Committee and a practitioner on the panel or person supplying drugs or appliances any question arising between the Committee and the practitioner or person supplying drugs or appliances or his legal personal representative is referred, or any appeal from a decision of the Committee is made, to the Commissioners, the Commissioners shall determine such question or appeal in such manner as they think fit, and, if in the opinion of the Commissioners a hearing is required, they may authorise any two or more of the Commissioners to hear and determine such question or appeal, and any decision of the Commissioners or any of them made under this Article shall be final and conclusive.

Circular A.S. 104

MEDICAL REFEREES

(1) A Committee has been appointed to inquire into and report upon the alleged excessive claims upon and allowances by Approved Societies in England in respect of sickness benefit and any special circumstances which may cause any such claims or allowances.

(2) This Committee will be engaged in the work of investigation during the next few months and the question of whether any action is desirable in view of any facts that may be disclosed will be considered when the report of the Committee has been received.

(3) It has been represented to the Commissioners, however, that a certain number of Societies consider it desirable to take some action of a provisional character at once with a view to checking the claims of their members in any cases in which it may appear to be necessary to do so.

(4) The Commissioners desire, therefore, to point out to Societies that it is open to them to make arrangements at once to secure the services of medical referees for such cases as part of their work of administering sickness benefit.

(5) The arrangements made could, of course, take a number of different forms according to the convenience and requirements of different Societies and districts. For instance, a Society might arrange with a doctor to pay him either a specified sum for his services in connection with any cases they might refer to him within a given period, or a specified fee per case, or they might arrange some combination of these two methods.

(6) Any Societies which do not desire to make direct arrangements themselves with doctors but would prefer to obtain the services of referees under a general scheme covering other Societies as well as their own within any district, may apply to the Insurance Committee of the area with a view to the Committee, as their agents, completing arrangements of the kind they desire.

(7) It must be clearly understood that if Insurance Committees assist in making such arrangements, they do so only as the agents of the Societies, and that the full cost not only of any actual payments of the doctors but also of any administrative expenses incurred by the Committee will fall upon the Societies for whom they are acting.

(8) Paragraph (6) does not apply to London. The London Insurance Committee have, in view of the different conditions obtaining in their area, already made special arrangements for assisting Societies to obtain the services of referees. In London, therefore, any Societies which wish to make use of a general scheme with the assistance of the Committee must do so under the conditions of the scheme already in operation, of which particulars can be obtained from the Clerk to the London Insurance Committee, 5 Chancery Lane, W.C. It is, however, open to Societies, if they prefer, to make their own arrangements direct with doctors as regards their London members—*see following form*.

(9) It is of great importance that any arrangements made, whether directly by Societies or through Insurance Committees, should be temporary and provisional in character. It is impossible to anticipate at present what form of arrangements may prove most suitable after the investigations of the Committee referred to in the first paragraph are completed, and it is essential that no vested interests should be created in the meantime.

(10) Any expenses incurred in connection with the services of medical referees will be a charge upon the Administration Account of Societies and whenever the amount available is sufficient expenses of this character will be drawn from the sum already allowed to be carried to that account, and no further special financial arrangements are necessary.

(11) It has been represented to the Commissioners, however, that in a number of cases the amount available under the present Regulations is insufficient to permit of any expenditure upon referees, and that some special arrangement would therefore be necessary for the next few months to enable referees to be employed, if desired, in those cases.

(12) It has, therefore, been decided to amend the Administration Expenses Regulations to the following effect: If a Society incurs expenditure during the period of 6 months ending 31st March, 1914, in connection with the employment and payment of medical referees, and if a deficiency in the Administration Account due to such expenditure during that period is shewn when the Account is made up for the year ending 11th January, 1914, or in the account of the following year in respect of expenditure in the period between 11th January and 31st March, 1914, an additional amount may be carried to the account. This additional amount will, however, not be more than is required to meet such part of the deficiency for each year as is due to the expenditure on the referees in the period stated (1st October, 1913, to 31st March, 1914), and the sum of the additional amounts so carried to the account for the two years will in no case exceed a penny per member.

(13) It must be clearly understood that—

(a) This amendment of the Regulations is only provisional pending such decision as may be taken upon consideration of the report of the new Committee of Investigation referred to in the first paragraph of this Circular,

and that the additional amounts are only available as regards expenditure during the 6 months ending 31st March, 1914.

Societies should, therefore, be very careful not to make any arrangements involving any legal or other claim for payments beyond that date unless they can be met from the ordinary administration allowance.

(b) The extra amounts are only allowable so far as any deficiency can be shewn to be due to the appointment and payment of referees.

(c) In no case can more than the additional penny per member be carried to the Administration Account of the Society for this purpose, and in any case the money so carried to that account is, of course, drawn from the funds of the particular Society, and to that extent reduces the amount available for the benefits of its members.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),

BUCKINGHAM GATE, LONDON, S.W.

August, 1913.

INSURANCE COMMITTEE FOR THE COUNTY OF LONDON

5 CHANCERY LANE, W.C.

29th September, 1913.

DEAR SIR,

I am directed to inform you that the Insurance Committee for the County of London have now made arrangements for the services of medical referees to be placed at the disposal of Approved Societies for the purpose of examining insured persons resident in the County of London whose applications for sickness benefit under the National Insurance Act, 1911, are in question, subject to the payment to the Committee by the Approved Society of the sum of 2s. 6d. in respect of each examination.

Upon application being received from an approved society on the form supplied by the Committee, the case will be referred immediately to one of the Committee's medical referees and a copy of his report will be transmitted to the society on the day of its receipt.

The Committee have decided to allow travelling expenses to an insured person when required to visit a medical referee where the surgery is more than two miles distant from the insured person's home.

I am to add that the scheme outlined above is of a temporary and experimental nature and will not extend beyond Christmas, 1913.

A copy of the form upon which application should be made is enclosed herewith, and, if your society proposes to avail itself of the arrangements made by the Committee, I shall be pleased to supply you with the necessary forms upon hearing from you to that effect.

I am, Dear Sir,

Yours faithfully,

THOMAS BATEY,

Clerk of the Committee.

To the Secretaries of

Approved Societies having members

resident in the County of London.

Form S.I.

Case No.

(For the use of the Committee only.)

INSURANCE COMMITTEE FOR THE COUNTY OF LONDON
FORM OF APPLICATION BY AN APPROVED SOCIETY
FOR THE SERVICES OF A MEDICAL REFEREE

To the Clerk of the Insurance Committee for the County of London,
5 Chancery Lane, W.C.

Application is hereby made on behalf of the under-mentioned Approved Society for the services of a medical referee for the examination of the under-mentioned member, a person insured under the National Insurance Act, 1911, and resident in the County of London, as to his fitness or otherwise for work, in connection with his claim for sickness benefit, and the Society undertakes to pay the Committee a sum of 2s. 6d. in respect of the report furnished by the medical referee.

Date Secretary

Approved Society No.

Address

(This information must also be repeated on the accompanying form, which will eventually be returned to the Approved Society.)

1. (a) Surname of insured person
- (b) Christian Name
2. Address (in full)
3. Age
4. Membership No.
5. Occupation
6. Name and address of doctor attending
7. Nature of illness (as certified)
8. Date of commencement of illness
9. No. of times visited by Society's Special Visitor
10. Particulars as to reason for
referring case to Medical Referee

Report by Medical Referee
upon

In my opinion the above-named insured person is capable of
incapable work for the present.

Other remarks.

Signature

Date of examination

*[Form S. 2 is a duplicate of this, which
is returned to the Society.]*

FINANCIAL PROCEDURE

Fees and Accounts for Medical Service and Supply of Drugs.

Sanatorium Benefit Finance.

Tuberculosis Notification Fees.



BENEFIT FUNDS INSURANCE ACT, 1911

3. Except as otherwise provided by this Act, the funds for providing the benefits conferred by this Part of this Act and defraying the expenses of the administration of those benefits shall be derived as to seven-ninths (or, in the case of women, three-fourths) thereof from contributions made by or in respect of the contributors by themselves or their employers, and as to the remaining two-ninths (or, in the case of women, one quarter) thereof from moneys provided by Parliament.

[See *Insurance Act, 1911, Section 15 (6), (7) and (8) on pp. 45-46.*]

ADDITIONAL PARLIAMENTARY GRANTS INSURANCE ACT, 1913

1.—(1) In addition to the moneys which under Part I of the National Insurance Act, 1911 (in this Act referred to as the "principal Act"), are required to be contributed out of moneys **provided by Parliament towards** defraying the cost of any of the **benefits** conferred by Part I of that Act or the expenses of administration of any of those benefits or otherwise for the purposes of that Act, **there shall be contributed out of moneys provided by Parliament** towards such costs expenses and purposes, **such additional sums as Parliament may from time to time determine**, and the provisions of the principal Act as to the manner in which the cost of benefits and the expenses of administration are to be defrayed shall be construed as applying only to the balance of such cost and expenses after such additional sums have been applied for the purposes for which they have been provided.

(2) **Any additional sums so contributed for the purpose of medical benefit shall be applicable towards the payment of medical attendance and treatment of members of societies who are not insured persons** mentioned in paragraph (e) of Sub-section (2) of section fifteen of the principal Act as amended by this Act in like manner and to the like extent as if such medical attendance and treatment were medical benefit.

[*This section covers the extra 2s. 6d. per insured person which the Government allowed for Medical Benefit.*]

MEDICAL BENEFIT REGULATIONS, 1913**PART IV****PAYMENTS BY SOCIETIES, DEPOSIT CONTRIBUTORS AND EXEMPT PERSONS FOR MEDICAL BENEFIT**

32.—(1) Every Committee shall before the commencement of each year furnish to the Commissioners a statement of the amounts in consideration of which the Committee are willing to defray the cost of the medical benefit of the members of each Society which has members resident in the County, and the cost of the administration of that medical benefit, and the Commissioners shall give notice to each Society of the amount so estimated by each Committee in whose area members of the Society are resident.

(2) Every Society shall within one month after the commencement of the year inform the Commissioners whether or not it agrees to accept the terms offered by the several Committees in whose areas its members are resident, and unless within that period a Society gives notice that it refuses to accept the terms offered by any Committee, the Society shall be deemed to have accepted those terms.

(3) Where a Society has given notice within the period aforesaid of its refusal to accept the terms of any Committee and the Commissioners are satisfied that the Committee and the Society are unable to agree, the Commissioners shall determine the amount to be paid by the Society to the Committee in such manner as they think fit, after a consideration of any representations made by either party.

(4) All sums payable under this Article by a Society in respect of the cost of medical benefit shall be credited in the books of the Commissioners to the General Medical Benefit Fund, out of moneys standing in the appropriate National Health Insurance Fund to the credit of that Society.

(5) Every Committee shall, before the commencement of each year, inform the Commissioners of the amount which is, in the opinion of the Committee, properly payable in respect of the cost of the medical benefit of each deposit contributor and exempt person resident in the area of the Committee, and, subject to the consent of the Commissioners, the amount aforesaid shall be carried from the Deposit Contributors' Fund or from any fund established for the purpose of providing medical benefit for exempt persons to the credit of the General Medical Benefit Fund in respect of each deposit contributor and exempt person entitled to medical benefit and resident in the area of the Committee.

MEDICAL BENEFIT FUND ACCOUNT

33.—(1) All moneys payable to the Committee out of the General Medical Benefit Fund including any Parliamentary grant or portion of a Parliamentary grant in respect of the medical benefit of insured

persons (other than sums voted for the purposes of a Special Drug Fund and Mileage Fund) shall be carried in each year to the Medical Benefit Fund Account of the Committee.

(2) The Committee shall ascertain in each year the number of the persons making their own arrangements by adding together the numbers of persons who are included in the list of persons making their own arrangements at the commencement of each quarter and dividing the total by four, and shall in a similar manner ascertain the number of the insured members of institutions.

ALLOCATION OF FUNDS

(3) The sums carried in respect of each year to the Medical Benefit Fund Account of the Committee shall be divided into three funds, to be called respectively the Panel Service Fund, the Institutions Fund, and the Special Arrangements Fund, in proportion to the number of insured persons who are respectively persons on panel-lists, insured members of institutions, and persons making their own arrangements, and the Panel Service Fund shall be carried, as to thirteen-seventeenths thereof, to the credit of a fund to be called the Practitioners' Fund, and as to four-seventeenths thereof to the credit of a fund to be called the Drug Fund :

Provided that :—

(i) in calculating the sums to be carried to the credit of the above-mentioned funds, regard shall be had to the number of persons, who are respectively persons on panel-lists, insured members of institutions and persons making their own arrangements, and in respect of whom reduced contributions have been paid under the provisions of Sub-section (2) of Section 48 and Sub-section (10) of Section 81 of the principal Act, and a rebate has been claimed by their respective Societies out of the General Medical Benefit Fund ;

(ii) where, owing to the failure to comply with any of the conditions of any Parliamentary grant on the part of any practitioner on the panel, any person supplying drugs or appliances, any approved institution, or any person providing treatment for any person making his own arrangements, the sum payable to the Committee in respect of that grant is reduced, the sums carried to the credit of the above-mentioned funds shall be so adjusted as to secure that the loss shall fall on the appropriate fund ; and

(iii) where any sums are allotted by the Committee to, and for the administrative expenses of, the Panel Committee or the Pharmaceutical Committee, the sums so allotted shall be charged to the Practitioners' Fund, or the Drug Fund, as the case may require.

PRACTITIONERS' ACCOUNTS

34. Every practitioner on the panel shall, in accordance with his agreement with the Committee, furnish to the Committee accounts

on forms provided by the Committee, containing such particulars as may be necessary for calculating the amount of remuneration payable to him by the Committee: Provided that where two or more practitioners on the panel are practising in partnership, the accounts of the partnership may be furnished as a single account.

REMUNERATION UNDER SINGLE SYSTEM

35.—(1) Where the Committee have adopted a capitation system of payment, they shall credit to each practitioner on the panel, in respect of each of the persons included in his list at the commencement of each quarter, an amount (in these Regulations referred to as a "capitation fee") calculated in accordance with the rate contained in his agreement with the Committee, and there shall be credited to such of the practitioners on the panel and in such proportions as are agreed between the Committee and the Panel Committee, or in default of agreement, as the Commissioners may determine, such further capitation fees as are in the aggregate equal to the number of insured persons (other than insured members of institutions and persons making their own arrangements) whose names are at the commencement of the quarter included in the Register of the Committee, and who have not at that date been accepted by or assigned to any practitioner on the panel, and in arriving at any such agreement the Committee shall have regard to the responsibility incurred by each practitioner on the panel to give treatment during that quarter to insured persons not included in his list at the commencement of the quarter.

(2) Where the Committee have adopted a system of payment by attendance, they shall credit to each practitioner on the panel, in respect of each service rendered by him an amount (in these Regulations referred to as an "attendance fee"), calculated in accordance with the rate contained in his agreement with the Committee:

Provided that, if the Panel Committee so require, the accounts of practitioners shall be submitted to the Panel Committee, and they shall be entitled to reduce or disallow any item of any account, and the sums to be credited to practitioners under this Article shall be based on the accounts as so adjusted by the Panel Committee.

(3) The Committee shall ascertain the aggregate amounts so credited to the practitioner, and the aggregate amounts so credited to all practitioners on the panel, and shall pay to each practitioner an amount bearing the same proportion to the sum credited to him as the amount in the Practitioners' Fund (after deduction of any sums payable out of that fund to the Central Medical Benefit Fund or set apart for mileage, as hereinafter in these Regulations provided) bears to the aggregate amounts so credited to all the practitioners.

REMUNERATION UNDER COMBINED SYSTEM

36. Where the Committee have adopted a method of remuneration which combines a capitation system with a system of payment by attendance (the capitation fees or the attendance fees, as the case may be, being payable in priority), the Committee shall pay to each practitioner out of the Practitioners' Fund the fees credited to him which are payable in priority, and shall pay to each practitioner, out of the balance of the Practitioners' Fund, in respect of other fees credited to him, an amount bearing the same proportion to those fees as the balance of the Practitioners' Fund (after deducting any sums payable to the Central Medical Benefit Fund or set apart for mileage as aforesaid) bears to the aggregate amounts of such other fees credited to all the practitioners on the panel.

PAYMENT TO PRACTITIONERS

37. As soon as may be after the expiration of each quarter the Committee shall pay to each practitioner such sum as may be agreed between the Committee and the Panel Committee in advance of the amount due to him, without prejudice, however, to the power of the Committee, at such other times as they may think fit, to pay to a practitioner such other sums on account as they may determine, and shall pay the balance of the amount so due as soon as may be after the expiration of the year.

MILEAGE

77. The Committee may, if they think fit, make arrangements for a payment to practitioners on the panel in respect of mileage, that is to say, their obligation to attend insured persons resident beyond such distance from the place of residence of the practitioner, as the Committee having regard to the special difficulties of access to the place of residence of the insured person may in any case agree with the practitioner.

CAPITATION PAYMENT FOR DRUGS, ETC., SUPPLIED BY DOCTOR

38. Where the Committee have made arrangements with a practitioner for the supply by him of all drugs and prescribed appliances requisite for the treatment of the persons on panel-lists obtaining treatment from him or any of them, the Committee may, instead of paying in respect of the drugs and appliances actually supplied by the practitioner, agree to pay and pay to him as a capitation fee in respect of each person to whom he undertakes to supply drugs and appliances a sum calculated in the manner hereinafter provided, and the Committee shall appropriate from the Drug Fund an amount sufficient to pay to practitioners with whom such agreements have been made the sums due to them under this provision.

39.—(6) Where a practitioner agrees to supply drugs and appliances to insured persons at a capitation fee, there shall be paid to

him in every year and in respect of each such person a sum equal to the average amount payable in that year to persons supplying drugs or appliances in respect of each person entitled to obtain drugs and appliances from those persons, so, however, that (i) if the amount so ascertained exceeds a sum equal to the total amount carried in that year from the Panel Service Fund to the credit of the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund) divided by the number of persons on panel-lists, it shall be reduced so as to be equal to that sum, and (ii) if the amount so ascertained is less than a sum equal to three-fourths of the total amount carried in that year from the Panel Service Fund to the credit of the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund) divided by the number of persons on panel lists, it shall be increased so as to be equal to that sum, and for the purposes of this provision the number of persons to whom the practitioner agrees to supply drugs and appliances at a capitation fee shall be calculated by ascertaining the number of those persons included in his list at the commencement of each quarter and dividing the number so ascertained by four.

CHEMISTS' ACCOUNTS

39.—(1) Every person supplying drugs or appliances (including a practitioner, other than a practitioner to whom capitation fees are paid in respect of the supply of drugs and appliances) shall, on dates to be appointed by the Commissioners, furnish to the Committee accounts on forms provided by the Committee, containing particulars of drugs and appliances supplied by him to insured persons and of the prices of those drugs and appliances, calculated in accordance with the method contained in his agreement with the Committee.

(2) The Committee shall, if the Pharmaceutical Committee so require, submit such accounts for the examination of the Pharmaceutical Committee, and the Pharmaceutical Committee shall make a report to the Committee stating which items in each account ought in the opinion of the Pharmaceutical Committee to be accepted and which, if any, ought to be reduced or disallowed, and any account as adjusted in accordance with the recommendations, if any, of the Pharmaceutical Committee made thereon shall be binding on the person furnishing the account as if it were an account stated between that person and the Committee.

(3) The Committee shall, if the Panel Committee so require, submit to the Panel Committee the accounts and the report, if any, made thereon by the Pharmaceutical Committee, and, if the Panel Committee take any objection to any item in any account or to any recommendation contained in the report, the Committee shall decide as to the validity of such objection.

(4) The Panel Committee may, if they think fit, either with or without a previous examination of the accounts, inform the Committee that they are willing to accept all or any of the accounts or any part of any account as furnished to the Committee, or where they have been submitted to the Pharmaceutical Committee as adjusted in accordance with the recommendations, if any, made by the Pharmaceutical Committee, and, in so far as the accounts are accepted by the Panel Committee, they shall be binding on all the practitioners on the panel, and the Committee shall be entitled to credit sums to persons supplying drugs or appliances in accordance with those accounts.

(5) The Committee shall credit to each person furnishing an account the amount agreed under the foregoing provisions of this Article, or where no agreement has been arrived at, the amount which the Committee may ascertain to be proper, and shall pay to each such person the amount so credited to him, or an amount bearing the same proportion to the sum so credited to him as the amount remaining in the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund and any sums appropriated under the last preceding Article bears to the aggregate amounts so credited to all those persons, whichever is the less.

(7) If in any year there is any balance standing to the credit of the Drug Fund after payment of the amounts aforesaid a sum not exceeding one-fourth of the total amount carried from the Panel Service Fund to the credit of the Drug Fund in respect of that year shall be carried to the credit of the Practitioners' Fund for that year, and if in the previous year the sums paid to persons supplying drugs or appliances were less than the amounts credited to those persons, the Committee may, with the consent of the Commissioners, apply the remainder, if any, of the balance in paying rateably to those persons the whole or any part of the amounts by which the sums credited exceeded the sums paid to them, and subject thereto shall carry the remainder to the credit of the Drug Fund for the succeeding year.

(8) As soon as may be after the receipt of an account from a person supplying drugs or appliances the Committee shall pay to the person furnishing the account such sum as may be agreed between the Committee and the Pharmaceutical Committee in advance of the amount due to him, and shall pay the balance of the amount so due as soon as may be after the expiration of the year.

EXCESSIVE ORDERING OF DRUGS

40.—(1) Where it appears to the Panel Committee that by reason of the character or amount of the drugs or appliances ordered for insured persons by any practitioner or practitioners on the panel, the cost of the supply of those drugs and appliances is in excess

of what may reasonably be necessary for the adequate treatment of those persons, the Panel Committee may, and if any representations to that effect are made to them by the Pharmaceutical Committee, shall, make an investigation into the circumstances of the case, whether in respect of the drugs and appliances ordered by an individual practitioner or generally as to the orders given for drugs and appliances by practitioners on the panel.

(2) The Panel Committee shall, after hearing the Pharmaceutical Committee and any practitioner concerned, make a report to the Committee, and if, after considering the report, the Committee are of opinion that an excessive demand upon the Drug Fund has arisen owing to orders given by a practitioner which are extravagant either in character or in quantity they may, if they think fit, make such deduction from the amount payable to that practitioner by the Committee as they think fit and shall pay the amount so deducted to the credit of the Drug Fund : Provided that the practitioner shall be entitled to appeal to the Commissioners, whose decision shall be final.

COST OF MEDICAL BENEFIT OF TEMPORARY RESIDENTS

CENTRAL MEDICAL BENEFIT FUND

41. For the purpose of defraying the cost of the medical benefit of temporary residents, the Commissioners shall establish a fund (in these Regulations referred to as the "Central Medical Benefit Fund"), and shall carry to the credit of that fund in respect of each case of disease or disablement for which insured persons obtained treatment as temporary residents in England a sum (in these Regulations referred to as a "case-value") which shall be determined in accordance with the following principles, that is to say—

(1) The Commissioners shall determine in each year the case-value of persons on panel-lists in each County by dividing the amount of the Panel Service Fund by the number of cases of disease or disablement of persons on panel-lists in that County in respect of which treatment was given during that year.

(2) The Commissioners shall determine in each year the case-value of insured members of institutions in each County by dividing the amount of the Institutions Fund or the aggregate amount certified in the manner hereinafter provided to have been expended by institutions in that year, whichever is the less, by the number of cases of disease or disablement of insured members of institutions in that County in respect of which treatment was given during that year.

(3) The Commissioners shall ascertain the number of cases of disease or disablement of persons on panel-lists in respect of which they obtained treatment as temporary residents in England, and

shall credit to the Central Medical Benefit Fund and debit, as to thirteen-seventeenths thereof to the Practitioners' Fund and as to four-seventeenths thereof to the Drug Fund, a sum calculated by multiplying the case-value of persons on panel-lists by the number of cases so ascertained. Provided that where the Panel Committee make application to the Commissioners for that purpose, the Commissioners may require the Committee to make arrangements with the Panel Committee for debiting the said thirteen-seventeenths to the accounts of individual practitioners on the panel in such proportions or in such manner as the Committee and the Panel Committee, with the consent of the Commissioners, may agree, or in default of agreement, as the Commissioners may determine.

(4) The Commissioners shall ascertain the number of cases of disease or disablement of insured members of institutions in respect of which they obtained treatment as temporary residents in England, and shall credit to the Central Medical Benefit Fund and debit to the Institutions Fund a sum calculated by multiplying the case-value of insured members of institutions by the number of cases so ascertained.

(5) The sums to be credited to the Central Medical Benefit Fund in respect of insured persons whose names are included in the Register of any County in Scotland, Ireland or Wales and who become temporary residents in England shall be such sums as may be determined by the Scottish Insurance Commissioners, the Irish Insurance Commissioners, and the Welsh Insurance Commissioners respectively.

(6) The Commissioners shall debit to the appropriate funds of each Committee case-values in respect of the treatment of persons included in the Register of that Committee who obtain treatment as temporary residents in Scotland or Wales, and shall pay each of the sums so debited to the Scottish Insurance Commissioners or the Welsh Insurance Commissioners, as the case may require.

PAYMENT OUT OF CENTRAL MEDICAL BENEFIT FUND

42.—(1) The Committee shall credit to each practitioner on the panel and to each approved institution in respect of the treatment of temporary residents, sums calculated in accordance with the scale contained in the Fifth Schedule to these Regulations, and shall credit to each person (including practitioners on the panel) and to each institution in respect of the supply of drugs or appliances to temporary residents, amounts calculated in accordance with the Drug Tariff or other method of calculation adopted by the Committee, and shall within one month after the end of the year furnish to the Commissioners an account of the amounts so credited during that year.

(2) A sum equal to thirteen-seventeenths of the Central Medical Benefit Fund, shall be carried to the credit of a Central Panel

Fund, and the remaining four-seventeenths to the credit of a Central Drug Fund.

(3) Where the aggregate amounts so credited in respect of the supply of drugs and appliances do not exceed the Central Drug Fund, the Commissioners shall pay to each Committee the sum stated in the account furnished by the Committee, and, where the aggregate amounts so credited exceed the Central Drug Fund, an amount bearing the same proportion to the sum stated in that account as the Central Drug Fund bears to the aggregate amounts so credited.

(4) If there is any balance standing to the credit of the Central Drug Fund after payment of the amounts aforesaid, a sum not exceeding one-fourth of the total amount carried to the credit of the Central Drug Fund in respect of that year shall be carried to the credit of the Central Panel Fund and the remainder, if any, shall be carried to the credit of the Central Drug Fund for the succeeding year, and if in the previous year the sums paid to Committees in respect of the supply of drugs and appliances were less than the amounts credited to those Committees, the Commissioners may apply the remainder, if any, of the balance in paying rateably to those Committees the whole or any part of the amounts by which the sums credited exceeded the sums paid to them, and subject thereto shall carry the remainder to the credit of the Central Drug Fund for the succeeding year.

(5) The Commissioners shall pay to each Committee furnishing an account in respect of treatment an amount bearing the same proportion to the sum stated in that account as the sums standing to the credit of the Central Panel Fund bear to the aggregate amounts so credited.

(6) The Committee shall pay to each institution and person (including practitioners on the panel) supplying drugs and appliances to temporary residents, a sum bearing the same proportion to the sum so credited to it or him as aforesaid as the sum paid in that year to the Committee out of the Central Drug Fund bears to the total amounts credited by the Committee in respect of the provision of drugs and appliances to temporary residents.

(7) The Committee shall pay to each institution and practitioner on the panel, in respect of the treatment of temporary residents, a sum bearing the same proportion to the sum so credited to it or him as aforesaid, as the sum paid in that year to the Committee out of the Central Panel Fund bears to the total amounts credited by the Committee in respect of the treatment of temporary residents.

(8) The provisions of this Part of these Regulations relating to the powers of the Panel and Pharmaceutical Committees to examine accounts and to report on or take objection to items in those accounts shall apply to accounts rendered in respect of the treatment of and supply of drugs and appliances to temporary residents by

practitioners on the panel and persons supplying drugs or appliances.

FIFTH SCHEDULE

Scale for calculating Remuneration in respect of the Treatment of Temporary Residents

	£	s.	d.
(1) Visit to the patient's residence	2	6	
(2) Attendance on the patient at the practitioner's residence, surgery, or dispensary	2	0	
(3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after 10 a.m., or on Sunday	3	6	
(4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours	5	0	
(5) ¹ Surgical operation requiring local or general anaesthetic, or case of abortion or miscarriage in so far as not included in maternity benefit	1	1	0
(6) Administration of general anaesthetic for the purposes of any operation included in medical benefit	1	1	0
(7) ¹ Setting of fracture	1	1	0
(8) ¹ Reduction of dislocation	1	1	0
(9) Mileage, per mile beyond three miles (one way only)	1	0	
(10) Attendance on the patient at the practitioner's residence, surgery, or dispensary for the purpose of granting certificate	1	0	

¹ Subsequent visits or attendances to count as ordinary visits or attendances.

INSTITUTIONS FUND

43.—(1) Every approved institution shall, at the commencement of each quarter furnish to the Committee a statement on a form to be provided by the Committee of the number of insured members of the institution.

(2) As soon as may be, after the expiration of each quarter, the Committee shall pay out of the Institutions Fund to the institution submitting the statement, in advance of the amount due to it, such sum as may be agreed between the Committee and the institution, or in default of agreement, as may be determined by the Commissioners, without prejudice, however, to the power of the Committee at such other times as they may think fit to pay to the institution such other sums on account as they may determine.

(3) The Board of Management of, or person administering, an approved institution shall, as soon as may be, after the end of every year, furnish to the Committee a certificate on a form to be approved

by the Commissioners stating the amount expended by the institution during that year upon the provision of treatment (including medicines and appliances) for insured members of the institution, and the Committee shall pay out of the Institutions Fund to the institution a sum equal to the amount certified to have been so expended, or a sum bearing the same proportion to the sum standing to the credit of the Institutions Fund for that year (after deducting the amount, if any, payable out of that fund to the Central Medical Benefit Fund) as the number of insured members of that institution, bears to the total number of insured members of institutions, whichever shall be the less.

(4) Where, owing to the failure on the part of any institution to comply with any of the conditions of any Parliamentary grant, the sum payable in that year to the Institutions Fund is reduced, a corresponding reduction shall be made in the amount paid in that year to the institution which is in default.

(5) Any sum standing to the credit of the Institutions Fund at the end of any year shall be carried to the credit of that fund for the succeeding year.

SPECIAL ARRANGEMENTS FUND

44.—(1) Where an insured person makes his own arrangements for obtaining treatment from a duly qualified medical practitioner, and the Committee are of opinion upon such evidence as they think sufficient that the arrangements are such as to secure treatment (including drugs and appliances) not inferior in nature, quality or extent to that provided under the arrangements made by the Committee, there shall, subject as hereinafter provided, be paid out of the Special Arrangements Fund by way of contribution to the cost of the treatment and of drugs and appliances, amounts calculated as follows, namely :

(a) unless the Commissioners otherwise permit, not more than thirteen-seventeenths of the Special Arrangements Fund shall be available for the purpose of defraying the cost of treatment, and not more than four-seventeenths for the purpose of defraying the cost of drugs and appliances ;

(b) in the case of a person who has contracted for a fixed sum to obtain treatment for the year, or any part thereof, the sum so to be paid shall be a sum equal to the amount contracted to be paid by him or a sum equal to the aggregate amount in the Special Arrangements Fund, which is or would, if no reduction were made in the fund by reason of the loss of any part of any Parliamentary grant, have been available for defraying the cost of treatment for that year or that part of the year divided by the number of persons making their own arrangements, whichever is the less, and the necessary amount shall be appropriated from the Special Arrangements Fund for that purpose : Provided

that, where the person who has so contracted to obtain treatment removes from the area within which that treatment is available during the period for which he has contracted to obtain treatment, the calculation shall be made as though the period for which he had so contracted were a period determining on the expiration of the quarter in which he removes, and the sum payable to him shall be reduced accordingly.

(c) in the case of a person who has not contracted for a fixed sum to obtain treatment for the year or any part thereof, or in the case of a person who has contracted for a fixed sum to obtain treatment for part of the year only, the sum, if any, expended by him in obtaining treatment for the year or for the remainder of the year, as the case may be, shall be deemed to be a sum calculated in accordance with a scale of fees fixed by the Committee, and payment shall be made accordingly, save that, where the aggregate amount expended by all such persons exceeds the amount in the Special Arrangements Fund available for defraying the cost of treatment (after deducting the amount appropriated under the last preceding paragraph), the amount contributed in the case of each such person shall be reduced proportionately ;

(d) payment shall be made in respect of the cost of drugs and appliances out of the amount available in the Special Arrangements Fund for defraying the cost of drugs and appliances, and the method of calculating the amount payable shall be similar to that prescribed for payment in respect of the cost of treatment :

Provided that it shall be a condition of any payment that the drugs and appliances supplied to any person making his own arrangements with a practitioner shall be supplied otherwise than by or at the profit of the practitioner who is attending him, except where the circumstances of the person are such that the practitioner would, if he were attending that person under the arrangements made by the Committee, be entitled under his agreement with the Committee to supply drugs and appliances to that person.

(2) Where an insured person contracts with a person, other than a duly qualified medical practitioner, to obtain treatment (whether including drugs and appliances or not) from him for a fixed sum for the year or any part thereof, the Committee may make such contribution towards the sum contracted to be paid, not exceeding in amount the maximum contribution payable in the case of a person who contracts with a duly qualified medical practitioner, as they think fit, but upon any representation being made by a Society that the treatment is not such as will adequately protect the funds of the Society, the Committee may either withhold the contribution or may make such a deduction therefrom as they may in any case determine.

(3) Save as aforesaid, the Committee shall not make any contribution in the case of an insured person making his own

arrangements who obtains treatment otherwise than from a duly qualified medical practitioner.

(4) Where the contract, if any, entered into between the person making his own arrangements and the person undertaking to give treatment does not require the latter person to comply with the conditions of any scheme for the distribution of a Parliamentary grant which must be complied with as a condition of payment of that grant, or where any treatment given to a person making his own arrangements does not comply with those conditions, and by reason thereof the sum payable to the Committee in respect of that grant is reduced, the contribution, if any, made by the Committee towards the cost of the treatment provided by that person shall be proportionately reduced.

(5) Any sum standing to the credit of the Special Arrangements Fund at the end of any year shall be carried forward to the credit of that fund for the succeeding year, so however that in the expenditure of the money to the credit of the Special Arrangements Fund in that year regard shall, so far as may be, be had to whether any sum so carried forward has arisen from moneys which under this article were applicable to treatment or to the provision of drugs and appliances and that the sum so carried forward shall be applicable accordingly.

MEDICAL BENEFIT FINANCE

*Per head per year of insured persons on doctor's list.**

<i>Medical attendance and treatment, including "extras."</i>	6s. 6d.	<i>Where simple capitation system exists, this will be the definite amount; but where attendance or combined system is adopted, amount per insured person may vary as between one doctor and another. See also note under "Drugs."</i>
<i>Domiciliary treatment of Tuberculosis.</i>	6d.	<i>This applies where Committee arrange for domiciliary treatment by doctors on panel.</i>
<i>Drugs, etc.</i>	2s.	<i>Chemists are paid according to drugs, etc., actually supplied up to this amount in the aggregate. Any balance in the Drug Fund is carried to the Doctors' Fund up to a maximum of 6d. per head.</i>

* Calculated on the average number at the beginning of the four quarters of the year.

[Mr. Lloyd George's statement to the Advisory Committee, 23rd Oct., 1912, with modifications consequent on revised Medical Benefit Regulations.]

SANATORIUM BENEFIT FINANCE

INSURANCE ACT, 1911

16.—(2) The sums available for defraying the expenses of sanatorium benefit in each year shall be—

(a) one shilling and threepence in respect of each insured person resident in the county or county borough, payable out of the funds out of which benefits are payable under this Part of this Act ;

(b) one penny in respect of each such person payable out of moneys provided by Parliament.

(4) An Insurance Committee may, out of the sums available for defraying the expenses of sanatorium treatment, defray in whole or in part the expenses of the conveyance of an insured person to or from any sanatorium or institution to which he may be sent for treatment therein, or may make advances for the purpose.

17.—(2) If in any year the amount available for defraying the expenses of sanatorium benefit is insufficient to meet the estimated expenditure on sanatorium benefit for insured persons and such dependants, the Insurance Committee may, through the Insurance Commissioners, transmit to the Treasury and the council of the county or county borough an account showing the estimated expenditure for the purpose and the amount of the sums available for defraying the expenses of sanatorium benefit, and the Treasury and council may if they think fit sanction such expenditure.

(3) The Treasury and the council of the county or county borough sanctioning such expenditure as aforesaid shall thereupon each be liable to make good, in the case of the Treasury out of moneys provided by Parliament, and, in the case of the council of the county or county borough, out of the county fund or borough fund or borough rate, as the case may be, one-half of any sums so sanctioned by them and expended by the Insurance Committee on sanatorium benefit for insured persons and their dependants in the course of the year in excess of the amount available for defraying the expenses of the committee on sanatorium benefit.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912 (CONDENSED)

NOTIFICATION FEES

Article X.—(1) Every Medical Practitioner described in column 1 of the Schedule B shall be entitled to receive for each notification signed and transmitted by him under Article V, the fee specified in column 2 of the said Schedule opposite to the description of the

Medical Practitioner in column 1, and for every notification duly made, signed and transmitted by him under Article VII, the fee specified in column 3.

(2) After end of quarter during which notification was sent to Local Authority for the District within which residence or place of destination of person notified is situate, that Local Authority shall pay fee for same, and a Medical Practitioner shall not be required to submit an account of fees claimed by him.

(3) The fees shall in each case be deemed to cover all expenses, including the cost of transmission.

Article XI.—(4) Any expenses incurred by a Medical Officer of Health in carrying out the duties imposed upon him by Article XI shall be defrayed by Local Authority of District for which he is Medical Officer of Health.

SCHEDULE B. TABLE OF FEES TO BE PAID FOR NOTIFICATIONS

1. Description of Medical Practitioner.	2. Amount of Fee for each Notification under Art. V.	3. Amount of Fee for each Notification under Article VII.	
		For the first Name on each List.	For each additional Name.
Acting in the capacity of:—	s. d.	s. d.	s. d.
Private Practitioner	2 6	—	—
Medical Officer of a Hospital ..	1 0	—	—
Medical Officer of a Poor Law Institution	1 0	1 0	0 3
District Medical Officer.. ..	1 0	—	—

PANEL AND SPECIAL ARRANGEMENTS

Panel Arrangements for Medical Service and Supply of Drugs and Appliances. Allocation of Insured Persons to Doctors.

Special Arrangements outside Panel System—

- (a) Individuals required or permitted to make their own arrangements.
- (b) Old and Disabled Members of Societies.
- (c) Seamen in Mercantile Marine.

Persons excluded from Medical Benefit.

SANATORIUM ARRANGEMENTS

Arrangements for Sanatorium Benefit.



Arrangements for Medical Benefit in the Medical Year commencing 12th January, 1914

REVISION OF MEDICAL BENEFIT REGULATIONS

1. As insurance committees have already been informed, the Commissioners have had under their consideration the question of revising, in certain respects, the administration of the Medical Benefit Regulations, 1912. This revision, which was undertaken with a view to the adoption of numerous suggestions made as a result of actual working experience, and for the purpose of simplifying and facilitating administration from the point of view of all parties concerned, has now been completed, after consultation with the Advisory Committee. The Commissioners accordingly desire in Part I of this memorandum to draw attention to some of the more important amendments in the revised regulations, which will come into operation on the 12th January, 1914; and to suggest in Part II, some of the steps which the committees may find it convenient to take for the purpose of entering into agreement with doctors and chemists on the basis of the revised terms of service.

Part I.—The New Regulations.

2. To avoid misunderstanding, it should perhaps be stated in the first place that the new regulations do not affect the amount available for the remuneration of doctors on the panel in respect of their services under the National Insurance Acts.

3. The revised regulations revoke, but incorporate the provisions of, the National Health Insurance (Administration of Medical Benefit) Amendment Regulations, 1913, and the National Health Insurance (Medical Practitioners: Inquiry Procedure) Regulations (England), 1913.

Allocation of Insured Persons and Calculation of Doctors' Credits.

4. Experience has shown that it is difficult, or even impossible, for committees to bring their Index Register up to date with sufficient accuracy to enable it to be utilised for the purpose of an exhaustive personal allocation. While the total of the insured population as shown by the counts of the register will doubtless be substantially accurate, the actual *personnel* must be perpetually changing, and owing to the delay necessarily involved in the notification of removals, and the transmission to the committee concerned of the necessary information, it is doubtful whether the register can at any time represent the *personnel* of the insured population at that time with sufficient accuracy to enable an exhaustive personal allocation to be successfully carried out.

The regulations have accordingly been modified so as to relieve committees of the obligation to attempt such an allocation; and provisions have been inserted requiring arrangements to be made with the Panel Committee by the insurance committee so as to provide facilities for the personal assignment of insured persons on their application, as occasion arises. (See Art. 21.)

5. The present arrangements under a capitation system for calculating the doctor's quarterly credit on a mean of the numbers of persons on his list at the beginning and end of the quarter necessitate delay in the calculation of credits for the purpose of advances until after the end of the quarter. For the purpose of obviating this delay, and reducing the complexity of the accounting operations, the First Schedule has been amended so as to secure

that the quarterly credit shall be calculated on the numbers on the doctor's list at the beginning of the quarter, and thus enable the preparation of the quarter's accounts to be undertaken soon after the commencement of the quarter. This change does not, of course, in any way affect the amount of the total sum distributed among doctors on the panel by way of remuneration, and should not affect the proportions in which the total sum falls to be distributed as between individual doctors. (See Art. 35 and First Schedule.)

6. It will follow from the abolition of the system of completed personal allocation that an equivalent provision will be necessary in order to secure a distribution of the available funds among doctors on the panel in accordance with the risk which they respectively assume. Provision is accordingly made for crediting to doctors additional capitation fees equal in number to the number by which the insured population entitled to medical benefit, as shewn by the count of the register at the beginning of the quarter, exceeds the aggregate number on doctors' lists of persons actually accepted or assigned at that date. (See Art. 35.)

7. As stated in paragraph 4 above, it will devolve upon the Panel Committee to make arrangements in advance for the assignment among doctors on the panel, or some of them, of insured persons who subsequently apply to be assigned; and the method of distribution of the additional capitation fees will form part of such arrangements, and will require to be made in proportion to the responsibility which under those arrangements is placed by the Panel Committee upon individual doctors for the treatment of persons subsequently assigned during the quarter. (See Art. 35.)

Removals.

8. The specific machinery for dealing with removals, established under the regulations in force at the beginning of the year, provided for the case of those insured persons only who obtained treatment from doctors on the panel. In the case of members of institutions, the institution, and in the case of persons making their own arrangements, the persons themselves, accepted the full liability for the year, irrespective of removals. This arrangement was necessary in view of the difficulties anticipated in effecting the necessary adjustments between the funds concerned; but experience has shown that these adjustments can be successfully carried out by means of the existing machinery, especially in view of the simplifications effected by the new regulations; and the facilities for obtaining medical benefit on removal, which under the original regulations were applicable only to the above-mentioned class, will be available under the new regulations to all insured persons without distinction. (See Art. 27.)

Formal provision has been made for "Travellers." (See Art. 78.)

Temporary Residents.

9. In accordance with the policy which the Commissioners had previously announced, specific provision has been inserted in the new regulations for the purpose of removing any doubts which may have been entertained as to the liability of doctors on the panel to attend under their agreements insured persons temporarily absent from their usual place of residence. The necessary financial adjustment by means of the "case value" system now in operation is dealt with in the section of the regulations dealing with finance. (See Arts. 27, 41, and 42.)

As insured persons making their own arrangements can obtain a contribution to the cost of treatment obtained by them during temporary residence, it has been decided not to extend to them from the special "case value" arrangements available for other temporary residents.

General Effect of the Changes.

10. To sum up, the position under the new regulations will be broadly as follows: Upon permanent or semi-permanent removal, either within or

without the committee's area, insured persons will be entitled to make a fresh choice of the method by which they will receive medical benefit at the place of their new residence.

Upon temporary removal, all persons, except persons who are making their own arrangements, will be entitled to elect to receive medical benefit during temporary residence either from a doctor on the panel, or through an approved institution, if available ; but upon returning to their usual residence they will, of course, revert to the arrangements previously made for their treatment in the area of their usual residence.

Persons making their own arrangements will, upon permanent or semi-permanent removal, be entitled and obliged to make a fresh choice of method of treatment, as the permission granted to them to make their own arrangements by the committee for the area of their previous residence will there-upon lapse. Persons making their own arrangements will, during temporary absence from the area in which permission has been granted, be able to obtain treatment at their own expense, and to apply for a contribution to the expense so incurred to the committee by whom permission has been granted.

11. The Commissioners hope that these changes will enable a simplified form of procedure to be adopted as regards insured persons. A further communication will, however, be addressed to committees dealing both with this subject and with such modifications in the Index Register machinery as are necessitated by the new provisions in the regulations as to removals and finance. The main effect of the changes is in the direction of greater simplicity and uniformity.

Procedure in Dealing with Complaints.

12. The National Health Insurance (Administration of Medical Benefit) Amendment Regulations, 1913, are revoked, but the provisions therein relating to the Medical Service Sub-Committee are retained ; and, in response to various suggestions, certain additions are made to the matters which stand automatically referred to that Sub-Committee (*e.g.*, questions relating to the giving of certificates, whether raised by insured person or doctor, or by a society which is immediately concerned in the matter of complaint).

13. The powers of the committee in dealing with complaints upon the report of the Medical Service Sub-Committee have been enlarged in some respects. The power of the committee to remove insured persons from the list of a practitioner is, in certain special circumstances, extended, subject to the practitioner's right of appeal to the Commissioners ; and, where any expenses have been reasonably and necessarily incurred by an insured person entitled to obtain treatment from a doctor on the panel owing to a breach by the doctor of his agreement, the committee are empowered to recover such expenses from the doctor, and to repay them to the insured person. (*See Art. 45 and First Schedule and paragraph 27 below.*)

14. The new regulations afford doctors on the panel a general right of appeal to the Commissioners against any decision of a committee on a question investigated by the Medical Service Sub-Committee. (*See Art. 45.*)

15. If in the course of an investigation before the Medical Service Sub-Committee a question as to the scope of medical benefit arises, the question must be referred to the Local Medical Committee and decided according to the ordinary procedure for the decision of such questions. (*See Art. 45.*)

Special attention is drawn to the fact that committees have no power to deal with matters which stand referred to the Medical Service Sub-Committee except on the report of that sub-committee.

Pharmaceutical Service Sub-Committee.

16. A special sub-committee, on lines analogous to those of the Medical Service Sub-Committee, has been set up for dealing with complaints affecting chemists. (*See Art. 46.*)

Joint Services Sub-Committees.

17. A further special sub-committee has been provided for dealing with cases arising before either of the Medical Service Sub-Committee or the Pharmaceutical Service Sub-Committee in which, in the opinion of either of those sub-committees, questions affecting the other service are involved. (See Art. 47.)

Provision for Attendance on Patients of Deceased Doctor on Panel.

18. The provisions originally contained in Article 26 (d) of the 1912 regulations have been amended to enable the legal personal representative of a deceased panel doctor to carry on the practice by means of a duly qualified deputy, not necessarily himself on the panel, for a reasonable period, so as to facilitate arrangements for the transfer of the practice in accordance with the provisions of that Article. (See Art. 17.)

Under the new regulations, however, the representatives of a deceased doctor will not be entitled to transfer the practice subsequently unless they have made interim provision for the treatment of the insured persons concerned by means of a deputy. (See Art. 26.)

Panel Committees and Pharmaceutical Committees.

19. Powers or duties are assigned or transferred to Panel Committees and Pharmaceutical Committees in pursuance of Sections 32 and 33 of the National Insurance Act, 1913.

It will be borne in mind, of course, that the establishment of Panel Committees and Pharmaceutical Committees will not relieve insurance committees of their obligation under Section 62 of the National Insurance Act, 1911, to consult Local Medical Committees on all general questions affecting the administration of medical benefit.

Exempt Persons and Insured Persons over 65 Years of Age on Entry into Insurance.

20. It will be borne in mind that the National Insurance Act, 1913, brings into medical benefit as from 12th January, 1914, certain classes of persons not previously entitled thereto. A further communication will be addressed to committees on the subject of any changes in procedure necessitated by their inclusion.

Finance.

21. The substantial effect and purpose of the financial provisions of the 1912 regulations has not been varied, the sole object of any changes being to secure greater accounting convenience and simplicity. The machinery of the Drug Suspense Fund, has, for example, been abolished, but the same financial result is secured.

22. The new method of calculating doctors' credits upon the numbers of insured persons on their lists at the beginning of the quarter involves the adoption of a similar method of determining the proportions in which the committee's total medical benefit income is to be divided among the various funds concerned. (See Art. 33.)

23. Provision is made to enable the committee to debit the appropriate fund with any loss sustained by them by reason of a diminution in their share of the Exchequer Grant, owing to a breach of the conditions of the grant. (See Art. 33.)

24. Express provision has been made as to the accounting basis in regard to both temporary residents and travellers. (See Arts. 41, 42, and 77.)

Prescribed Appliances.

25. It will be seen that some alterations and additions have been made to the second Schedule of prescribed appliances.

Model Agreements.

26. The revision of the First and Third Schedules to the regulations has involved corresponding changes in the actual forms of agreement. These

have also been to some extent redrafted so as, *inter alia*, to make clearer the position as to the payment of remuneration, and to remove doubts which have previously been entertained as to the liability of doctors to give certificates in the limited class of cases in which the employer undertakes to pay wages during sickness under Section 47 of the National Insurance Act, 1911. The range of certificates to be given has been defined so as explicitly to include certificates in certain cases when the member is not actually drawing benefit, but the society requires to know whether he is incapable in order to deal correctly with future claims. Further minor alterations have been made which are consequential on the express provision made in the regulations for travellers and temporary residents, and on the simplification of procedure in the accounting operations.

27. The more important changes are, however, among those contained in the First and Second Schedules to the regulations, the inclusion of which in the agreements is compulsory under the regulations themselves, (*e.g.*, Clauses 13, 14, and 15 of the Doctors' Agreement (Form Med. 29 Revised), and Clauses 10, 11, and 12 of the Chemists' Agreement (Form Med. 16 Revised). These clauses have been drawn so as to meet the widespread desire which has been expressed on the part of doctors, and endorsed by the Advisory Committee, to obviate the necessity of an appeal to the Law Courts in case of any dispute arising between a doctor on the panel and the insurance committee, as well as to meet the difficulties which have been experienced by insurance committees in some cases in dealing with breaches of the doctor's agreement which are either too grave or not sufficiently grave for the remedies expressly provided by the present regulations. Under the present regulations, the committee might, after investigation of a complaint by the Medical Service Sub-Committee transfer the insured person to the list of another doctor. But this remedy appears to be inadequate to meet the case of a doctor who wilfully deserts his practice without giving notice or providing a deputy; and even the maximum penalty of removal from the panel by the Commissioners may in some circumstances be inappropriate to such a case and in other cases ineffective, the doctor having in fact already removed himself from the panel. Again, a case of gross neglect by a doctor of his patient, involving the latter in the expense of consulting another doctor as a private patient, appears to require action more appropriate than either the transfer of the patient or the removal of the doctor from the panel; and to meet the above-mentioned cases provision has been made for the recovery of damages under the doctor's agreement in those cases, and for empowering the committee to refund to the insured person out of the moneys recovered (or retained) the expenses reasonably and necessarily incurred by him in obtaining treatment owing to the doctor's neglect.

Power is also secured to the committee, in the event of any part of their share of the Exchequer grant being withheld, owing to a breach of the conditions of the grant, to make a corresponding reduction in the remuneration due to the doctor or chemist by whom the breach has been committed. In the absence of such a specific debit any reduction in the committee's share of the grant would, by diminishing the total pool available, reduce rateably the remuneration of all doctors or chemists on the panel, as the case may be.

An appeal by the doctor or chemist to the Commissioners is provided in the case of any action taken by a committee under these provisions.

Part II.—Arrangements for the Provision of Medical Benefit during the Medical Year commencing 12th January, 1914.

28. Committees will, presumably, have already given formal notice of their intention to vary the terms of the practitioners' and chemists' agreements. This formal notice will not, of course, have communicated particulars of the changes which have been made, and committees may think it advisable that

the notice should be followed up at the earliest possible date by the circulation amongst practitioners on the panel and chemists of information as the actual effect of the new regulations. Copies of this memorandum will, if committee so desire, be supplied for the purpose.

29. The committee will doubtless at the earliest possible date get into touch with the doctors and chemists on their panels either individually or collectively with a view to the negotiation of the new agreements for the ensuing year, and will consult the Local Medical Committee with regard to any general questions affecting the administration of medical benefit in the area which arise in the course of the negotiations.

30. It is anticipated that in most areas these negotiations will be conducted by the committee with the doctors and chemists collectively through the medium of representative bodies, and it is assumed therefore that as soon as the parties to these negotiations have arrived at a satisfactory arrangement, individual doctors and chemists will not require a lengthy period in order to decide whether to continue service on the terms of the new agreement as arrived at by the consent of their representatives.

It is suggested, therefore, that by the end of November at latest the Insurance Committee should have finally settled any matters outstanding with the representative bodies with whom they are dealing, and should be in a position to submit for the Commissioners' approval a statement of the arrangements made with special reference to the form of agreement adopted and any changes of importance in their existing arrangements. The committee will doubtless find it possible, if agreement is secured upon matters of substance, to postpone the detailed consideration of other questions or subsequent settlement by consent, as has been found possible by many committees during the current year in connection with the Drug Tariff. But any proposals for which the Commissioners' approval is requisite prior to the issue of agreements for signature by individual practitioners and chemists should be submitted to the Commissioners at the earliest possible date, and in any event in sufficient time, if possible, to enable approval to be obtained not later than the 1st December.

31. The committee should thereupon issue the new forms of agreement to doctors and chemists on the panels, intimating the date by which they should be returned duly executed by those doctors and chemists who desire their names to be placed on the lists first issued. This date should be so fixed as to allow of a week's consideration of the agreement by the individual doctor or chemist; and the Commissioners are of opinion that if the procedure indicated above has been followed, that period should be sufficient.

32. On receipt of the agreements duly executed by the date fixed, the committee should immediately proceed with the preparation of the medical list and list of chemists with a view to early publication. The new lists should be in Post Offices, if possible, by the end of December.

33. It is anticipated, therefore, that it will be found possible to observe the following dates, which should, in the Commissioners' opinions, afford sufficient time to committees, doctors, and chemists for any necessary negotiations, and for the subsequent procedure requisite for the purpose of preparing the medical list and list of chemists for the ensuing year.

Time Table.

Conclusion of collective negotiations with doctors and chemists, and final settlement, with Commissioners' approval, of all outstanding points of substance	1st Dec.
Issue of agreements to individual doctors and chemists ..	2nd Dec.
Last date for return of agreements by doctors and chemists ..	10th Dec.
Report to Commissioners of progress	12th Dec.
Issue of new lists of doctors and chemists	31st Dec.
34. The Commissioners will be prepared to furnish to those committees	

who have adopted the Model Forms of Agreement a sufficient supply of the forms for issue to individual doctors for their execution.

35. The Draft Regulations (National Health Insurance (Medical Benefit) Regulations (England), 1913) will shortly be on sale, and may be ordered direct, or through any bookseller, from Messrs. Wyman & Sons, Fetter Lane, London, E.C.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

November, 1913.

PANEL ARRANGEMENTS

MEDICAL BENEFIT REGULATIONS, 1913

DOCTORS JOINING AND LEAVING PANEL

17.—(1) If a practitioner, other than one whose name has been removed by the Commissioners from the medical list in force in the area of any Committee in the United Kingdom, at any time makes application to the Committee for that purpose, the Committee shall include him in the medical list.

(2) Any practitioner who desires to withdraw from the panel may give notice in writing to the Committee to that effect not later than six weeks before the commencement of any year, and his name shall thereupon be removed from the medical list at the end of the year in which notice is given, and, where a practitioner has not given notice to the Committee before the date aforesaid, he shall be deemed to have undertaken service in the succeeding year on the terms of his agreement with the Committee, as varied by the alterations, if any, which will take effect in that year :

Provided that—

(i) where in the course of any year a practitioner desires to discontinue practice, both under his agreement with the Committee and otherwise, within the area in which he has undertaken treatment, and gives notice to the Committee to that effect, his name shall be removed from the medical list upon the expiration of the period specified in the notice, or, if the Committee so require, upon the expiration of such longer period (not exceeding in the whole two months from the date of the notice) as the Committee may think fit; and

(ii) where in the course of any year a practitioner desires to discontinue practice under his agreement with the Committee but not otherwise, and the Committee consent, his name may be removed from the medical list as from such date as may be agreed between the practitioner and the Committee,

(3) The name of any practitioner who ceases to be duly qualified or who dies during the year, or whose name is directed to be removed from the medical list by the Commissioners, shall forthwith be removed from the list :

Provided that for the purpose of securing the treatment of insured persons on the list of a deceased practitioner until arrangements are made for their transfer to the list of another practitioner, any person may, within ten days of the death of the practitioner, make application to the Committee on behalf of the estate of the deceased practitioner ; and if the Committee are satisfied that he is acting in the interests of the estate, they may authorise him to nominate a practitioner, whether being a practitioner on the panel or not, to undertake the treatment of such of those persons as do not apply to be transferred to the list of another practitioner, and the person so appointed shall be entitled to undertake the treatment for such period as the Committee think fit, as if he were the deputy of the deceased practitioner.

(4) The Committee shall, as soon as may be, inform the Commissioners of any alteration in the medical list.

(5) A copy of the medical list revised up to date shall be kept available for the inspection of any insured person at the office of the Committee and at such other places as the Committee may think fit, and the Committee shall, at least fourteen days before the commencement of the year, issue the medical list for that year.

TRANSFERS DURING THE YEAR.

26.—(1) Where, in the course of a year the name of a practitioner has been removed at his request from the medical list, or he has ceased to practise within the area in which he has undertaken treatment, he may notify to the Committee and to the insured persons concerned, in such manner as the Committee may require, that he has made arrangements for their transfer to the list of another practitioner or other practitioners on the panel, and any person receiving such notice shall be deemed to have consented to be so transferred, unless within fourteen days after the receipt thereof he gives notice to the contrary to the Committee.

(2) Where in the course of a year a practitioner on the panel has died, and any person has been authorised by the Committee under Part II of these Regulations to make temporary arrangements for securing the treatment of persons on the list of that practitioner, that person, or, if a legal personal representative has been appointed, the legal personal representative of the deceased practitioner may, before the expiration of the period during which the temporary arrangements remain in force, notify to the Committee and to the insured persons concerned, in such manner as the Committee may require, that arrangements have been made for their transfer to the list of another practitioner or other

practitioners on the panel ; and any person receiving such notice shall be deemed to have consented to be so transferred, unless within fourteen days after the receipt thereof, he gives notice to the contrary to the Committee.

(3) Where an insured person has given notice to the Committee within the said period of fourteen days that he is unwilling to be so transferred to the list of another practitioner, he shall be entitled to select another practitioner on the panel, as if he had not previously made a selection.

(4) Where no such arrangements as are mentioned in the first two paragraphs of this Article have been made, or where the name of a practitioner has been removed from the medical list by the Commissioners, the Committee shall give notice to the insured persons concerned that the name of the practitioner has been removed from the list or that he has ceased to practise within the area or has died, as the case may be ; and the insured persons shall be entitled to select another practitioner on the panel, as if they had not previously made a selection.

(5) Where an institution through which insured persons were entitled to obtain treatment has ceased to be approved, the Committee shall give notice thereof to the insured persons entitled to receive treatment through that institution ; and they shall be entitled to select a method of treatment, as if they had not previously made a selection.

(6) An insured person and the practitioner on the panel from whom he is entitled to obtain treatment may by consent arrange for the transfer of the insured person in the course of a year to the list of any practitioner on the panel who is willing to accept him ; and, save in the case mentioned in the first paragraph of this Article, notice of the transfer shall be given to the Committee within seven days by the practitioner to whose list the insured person is transferred on a form to be provided by the Committee for that purpose, and the notice shall be signed by the insured person and both the practitioners concerned.

(7) Subject as aforesaid and to the provisions of Part V of these Regulations relating to the decision of questions arising between an insured person and the practitioner attending him, an insured person shall not be entitled, while in the area within which arrangements have been made for his treatment, to select another method of treatment in the course of a year or another practitioner.

CHEMISTS JOINING AND LEAVING PANEL OF CHEMISTS

19.—(1) If a person supplying drugs or appliances, other than one whose name has been removed by the Commissioners from the list of persons supplying drugs or appliances in force in the area of any Committee in the United Kingdom, at any time makes

application to the Committee for that purpose, the Committee shall, subject as provided in Part VII of these Regulations, include him in the list.

(2) Any person supplying drugs or appliances who desires to have his name removed from the list may give notice in writing to the Committee to that effect not later than four weeks before the commencement of any year, and his name shall thereupon be removed from the list at the end of the year in which notice is given:

Provided that where in the course of any year a person supplying drugs or appliances desires to determine his agreement with the Committee, and the Committee consent, his name may be removed from the list as from such date as may be agreed between him and the Committee.

(3) The name of any person supplying drugs or appliances who dies during the year, or whose name is directed to be removed from the list by the Commissioners, shall thereupon be removed from the list :

Provided that where upon the death of any person supplying drugs or appliances the business is carried on in accordance with the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, by a person who is his executor or administrator or the trustee of his estate within the meaning of Section 16 of the former Act, that person shall be deemed to be a person included in the list so long as the business is carried on by him in accordance with the provisions of those Acts.

(4) The Committee shall, as soon as may be, inform the Commissioners of any alteration in the list.

(5) A copy of the list revised up to date shall be kept available for the inspection of any insured person at the office of the Committee and at such other places as the Committee may think fit, and the Committee shall, at least fourteen days before the commencement of the year, issue the list for that year, and shall before issuing submit the list to the Pharmaceutical Committee; and, where a person supplying drugs or appliances has not given notice to the Committee before the date aforesaid, he shall be deemed to have undertaken the supply of drugs or appliances or both, as the case may be, in the succeeding year on the terms of his agreement with the Committee, as varied by the alterations, if any, which will take effect in that year.

PROVISION OF MEDICAL ATTENDANCE AND TREATMENT PART III

CHOICE OF TREATMENTS

20.—Every insured person, other than a person who is under the provisions of the amending Act or of these Regulations

required to make his own arrangements for obtaining treatment, shall be entitled either to obtain treatment from a practitioner on the panel or to obtain treatment through any approved institution, or may, if the Committee consent, make his own arrangements for obtaining treatment.

SELECTION OF PRACTITIONER ON PANEL

21.—(1) An insured person who desires and is entitled to select a practitioner on the panel may make application, in such manner as the Committee with the approval of the Commissioners may require, to any practitioner on the panel; and, subject to the consent of the practitioner, shall be entitled to obtain treatment from him.

(2) Where under any arrangements approved by the Commissioners the Committee or the Society of which he is a member provide the insured person with a voucher for that purpose, the practitioner shall be entitled to require him to produce such voucher as a condition of receiving treatment.

(3) Where an application has been received by a practitioner, he shall within one week inform the Committee of his acceptance or rejection of that application.

(4) The Committee shall make arrangements with the Panel Committee for enabling any insured person, entitled to select a practitioner on the panel, who makes application for that purpose in such manner as the Committee with the approval of the Commissioners may require, to be assigned to a practitioner on the panel.

REMOVAL

27.—(1) Where an insured person, other than a person required or allowed to make his own arrangements for obtaining treatment, is absent from the area within which arrangements have been made for his treatment, and gives notice in such manner as the Committee in whose area he is for the time being may, with the approval of the Commissioners, require, he shall be entitled to obtain medical benefit under the arrangements made by that Committee as if he were a person who had not previously selected a method of treatment.

(2) An insured person who is required or allowed to make his own arrangements and who intends to be absent for a period of less than three months from the County in which he is resident shall not during that absence be entitled to obtain medical benefit under the arrangements made by the Committee to whose area he removes, but, save as aforesaid, an insured person who is required or allowed to make his own arrangements shall, upon removal from the County, be entitled to obtain medical benefit in the manner provided in the last preceding paragraph of this article.

NOTICE OF REMOVAL, SUSPENSION, ETC.

28.—(1) Where a deposit contributor changes his place of residence, he shall notify the address of his new place of residence to the Commissioners.

(2) Where a member of a Society changes his place of residence, he shall notify the address of his new place of residence to the Society.

(3) Not later than seven days after a Society receives notice from a member of his change of address, it shall notify to the Committee in whose Register his name was included his name and number in the Society or branch, and the addresses of his former and new places of residence; and that Committee shall, as soon as may be, in the case of removal from one County to another, notify the name of the member and of his Society or branch and his number in the Society or branch, and the address of his new place of residence, to the Committee of the County to which he has removed.

(4) Every Society shall notify to the Committee the name and number in the Society or branch of any member whose name is included in the Register of the Committee and who has died or ceased to be an insured person or a member of the Society, and of any person resident in the County who has been admitted as a member, not later than seven days after the determination of, or admission to, membership, as the case may be.

(5) Where the medical benefit of a member of a Society is suspended by reason of his contributions being in arrear or by reason of marriage, the Society shall give notice to the Committee in whose Register his name is included.

RIGHT TO CHANGE METHOD OF TREATMENT AT END OF YEAR

30.—(1) No insured person who has selected a method of obtaining treatment or has been assigned to a practitioner on the panel in any year shall be entitled to obtain treatment in the succeeding year by any other method or from any other practitioner on the panel or through any other institution, unless before the 1st day of December in the year he gives notice, in such manner as the Committee may, with the approval of the Commissioners, require, that he desires to select another method of obtaining treatment or another practitioner or institution, or unless the period for which he is allowed to make his own arrangements expires at the end of that year.

(2) A practitioner may, not later than six weeks before the end of any year, give notice to the Committee that he does not desire to undertake the treatment in the succeeding year of any insured person whose name is, on the date on which notice is given, included in his list; and the Committee shall thereupon give notice to the insured person and shall remove his name from the list of the practitioner as from the end of the current year.

(3) Where an insured person has given notice to, or received notice from, the Committee as aforesaid, he shall be entitled to select a method of treatment for the succeeding year in the manner provided by these Regulations; and the necessary alterations shall be made in the lists kept by the Committee, and notice shall be given to any practitioner on the panel or approved institution concerned.

SUPPLY BY DOCTORS OF DRUGS AND APPLIANCES

12.—(1) Where an insured person is resident in a rural area at a distance of more than one mile from the place of business of the nearest chemist supplying drugs or appliances, or where the Committee are satisfied that an insured person by reason of distance or inadequacy of means of communication or of the limitations of the hours of business of chemists supplying drugs or appliances will have difficulty in obtaining any necessary drugs or appliances from a chemist supplying drugs or appliances, the Committee may, and shall, if the practitioner attending the insured person so desires, make arrangements for the supply to that person by the practitioner of such drugs and appliances as would otherwise under these Regulations have been supplied by a person supplying drugs or appliances; and any question arising under this Article shall be referred to the Commissioners whose decision shall be final.

(2) Arrangements made by the Committee for the supply of drugs to an insured person by a practitioner shall not be determined during the year in respect of which they are made, by reason only of the fact that in the course of that year a chemist who carries on business within a distance of one mile from the residence of the insured person is included in the list of persons supplying drugs or appliances, or that a chemist on the list of persons supplying drugs or appliances commences to carry on business within that distance.

(3) The Committee shall make arrangements for the supply by practitioners on the panel of all or any of the following—

(a) Drugs which are necessarily or ordinarily administered by a practitioner in person; and

(b) Drugs and appliances required for immediate administration or application, or required for use before a supply can conveniently be obtained otherwise under these Regulations.

PROVISION OF DRUGS AND APPLIANCES

RIGHT TO OBTAIN DRUGS, ETC.

22.—Every insured person entitled to obtain treatment from a practitioner on the panel shall be entitled to obtain such drugs

and prescribed appliances as may be ordered for him by the practitioner on the panel from whom he obtains treatment, either from that practitioner, where arrangements for that purpose have been made by the Committee, or where no such arrangements have been made, from any person supplying drugs or appliances who is entitled and has undertaken to supply these drugs or appliances :

Provided that an insured person shall not be entitled so to obtain any appliance, if the Committee have made provision for lending that appliance and have given notice to that effect to the practitioners on the panel and the persons supplying drugs or appliances.

PREScribed APPLIANCES

7.—The medical and surgical appliances to be provided as part of medical benefit shall be the appliances specified in the Second Schedule to these Regulations.

SECOND SCHEDULE

LIST OF APPLIANCES

BANDAGES :

Calico, bleached
Calico, unbleached
Crepe
Domette
Elastic web
Flannel
India-rubber
Muslin
Plaster of Paris
Open-wove

GAUZES :

Unmedicated
Boric
Carbolic
Cyanide
Iodoform
Picric
Sal-alembroth
Sublimate

LINTS :

Unmedicated
Boric
Sal-alembroth

COTTON WOOL :

Unmedicated
Boric
Sal-alembroth

WOOD WOOL

TOW, PLAIN

OILED SILK

OILED PAPER

OILED CAMBRIC

GUTTA PERCHA TISSUE

ADHESIVE PLASTER

ICE-BAGS :

India-rubber
Check sheeting

SPLINTS

CATHETERS :

Gum-elastic
Soft rubber

TEMPORARY RESIDENTS

MEDICAL BENEFIT REGULATIONS, 1913

78.—(1) An insured person who by reason of his employment or occupation is frequently changing or intends frequently to

change his place of residence, may make application to the Committee in whose Register his name is included, on a form to be provided by the Committee for the purpose, to be allowed to obtain his medical benefit as though he were a temporary resident in each place in which he resides; and if the Committee consent to his application, they shall inform the Commissioners of the application and of their consent thereto.

(2) The Commissioners shall thereupon furnish the applicant with a voucher and his name shall be removed from the Register and lists of the Committee, and he shall be entitled for a period not exceeding six months to obtain medical benefit as though he were a temporary resident, and for the purposes of these Regulations and of the agreements made by the Committee with practitioners on the panel and persons supplying drugs or appliances, he shall be deemed to be a temporary resident.

(3) Notwithstanding anything contained in these Regulations, no part of the sum available for the medical benefit of such person shall be credited to the Medical Benefit Fund Account of any Committee in respect of him, but the sum available shall be carried to the credit of the Central Medical Benefit Fund; and the provisions of Part IV of these Regulations relating to the methods of defraying the cost of the medical benefit of temporary residents shall apply in all respects as though he were in each place a temporary resident.

Circular $\frac{24}{\text{I.C.}}$

Medical Benefit of Insured Persons who frequently move from place to place in the course of their employment

1. Special arrangements have been made for the provision of medical and sanatorium benefits to insured persons who frequently move from place to place in the course of their employment (*e.g.*, actors, commercial travellers, etc.), and as respects members receiving their medical and sanatorium benefits under these arrangements Societies will be relieved from the necessity of notifying changes of address to Insurance Committees.

2. Insured persons who desire to be allowed to receive their medical and sanatorium benefits under these arrangements must satisfy the Insurance Committee that the circumstances of their employment are such that they should be so allowed. A form has accordingly been prepared on which the insured persons can supply the necessary information. A copy of this form is enclosed herewith for your information.

3. Where an insured person substantiates his claim he will be supplied with a special yellow voucher which ordinarily will be available for six months from the date of its issue. If the insured person desires to renew the voucher for a further period, he must apply to the Commissioners not later than one month before the expiration of the currency of the old voucher.

4. The voucher will be available for medical and sanatorium benefits in any area in Great Britain, and also for sanatorium benefit in Ireland. If medical benefit is required, the insured person should present the voucher to a doctor on the panel for the district where he happens to be. If sanatorium benefit is required, he should send the voucher to the local Insurance Committee. A list of the names and addresses of the doctors on the panel for

any area and the address of the Insurance Committee will be found in Post Offices in the area. The voucher will contain all necessary instructions.

5. Members who desire to make an application to be allowed to receive their medical and sanatorium benefits under these arrangements may obtain a copy of the form enclosed from any Insurance Committee or from the Commission. Copies may also be obtained from the Commission by Societies desirous of assisting their members to make application. When the front page of the form is completed, the member should send it to the Secretary of his Society or Branch, who should complete and sign the certificate at the top of page 2 of the form. If an Index Slip has been prepared for the member, the form should then be forwarded to the Insurance Committee in possession of the Index Slip. If, however, no Index Slip has been prepared, the form should be sent to the Insurance Committee for the area in which the address given on the form by the member is situated, and an Index Slip bearing that address should be sent with the form. If the Insurance Committee are satisfied as to the claim of the member, the Commissioners will issue the yellow voucher. If the application is refused, the member will be notified by the Insurance Committee to that effect.

6. In every case where a yellow voucher is issued, the Commissioners will notify the Society or Branch; and it is essential for the purposes indicated in the following paragraph that the Society or Branch should enter specially in its records that a yellow voucher has been issued. This may conveniently be done by entering the word "Traveller" in Column 11 of the membership register.

7. In the event of a member to whom a yellow voucher has been issued becoming suspended from medical and sanatorium benefits, or ceasing to be insured, or dying, or being expelled from membership, or resigning, the necessary orange slip endorsed "Traveller" should be sent to the Commissioners and not to the Insurance Committee. Similarly, the pink slip which is sent to the Insurance Committee where a woman member marries and elects to become a Married Woman Voluntary Contributor (Class H₁ or H₂) should, in the case of holders of yellow vouchers, be sent to the Commission. Where a member holding a yellow voucher transfers to another Society, the old Society on consenting to the transfer should notify the new Society that the insured person holds a yellow voucher. The new Society should forward an Index Slip to the Commissioners endorsed "Traveller" and indicating the name of the former Society and Branch in the manner explained in paragraph 6 of Circular A.S. 88. As indicated in paragraph 1 above, changes of address of holders of yellow vouchers need not be notified to Insurance Committees. Nor need such changes be notified to the Commissioners.

8. The above arrangements are distinct from the ordinary arrangements for the provision of medical benefit on removal, which are as follows—

(a) Where an insured person removes for a period of more than three months, he should apply to the Insurance Committee for the area in which the new address is situated, stating his full name, new and old addresses, his Society and Branch, his membership number and the name and address of the doctor previously giving treatment.

(b) Where an insured person removes for a temporary period of three months or less, he should apply to the Insurance Committee for the area of his usual residence for a green voucher which will enable him to obtain medical benefit during the period of temporary residence. Applications for green vouchers should be made before removal, and the applicant should give his full name, usual address, address to which he is removing, and period he expects to reside there, name of Society and Branch, and membership number.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

September, 1913.

This side should be filled up and sent by the insured person, if he is a member of an Approved Society, to the Secretary of his Society or Branch, or if he is a Deposit Contributor, to the Insurance Commission, Delaware Road, Maida Hill, London, W.

Form 91
I.C.

(ABBREVIATED.)

MEDICAL AND SANATORIUM BENEFITS

Form of Application for Traveller's Voucher

I, being an insured person frequently moving from place to place in the course of my employment, desire to make application for a special Voucher enabling me to receive Medical and Sanatorium Benefits in any area in Great Britain, and Sanatorium Benefit in Ireland, and I declare that the particulars entered below are correctly stated.

Surname _____ Sex _____

Christian Name _____

Name of Approved Society (and Branch)¹ } _____
 } If deposit contributor, write D.C.

Insured Person's Number _____

Usual Signature _____

Address to which Voucher and any subsequent communications intended for applicant may be sent } _____
 } _____

Date _____

What is your occupation or employment?	
How often, roughly speaking, does your occupation cause you to change your address during the year?	
What is the usual length of your stay at each place which you visit?	
Have you yet chosen a doctor? If so, state his name and address	

CERTIFICATE OF EMPLOYER

In the case of an insured person in the employ of a Company or Public Body, this certificate may be signed by any responsible official of the Company or Public Body. In the case of an insured person engaged in business on his own account, the certificate may be signed by any responsible person having personal knowledge of the applicant.

I certify that to the best of my knowledge the above statement is correct, and that the circumstances of the applicant's employment are such that he

will have difficulty in obtaining Medical and Sanatorium Benefits otherwise than under the special arrangements to which he desires to be admitted.

Signature _____
 Description and Address _____

 Date _____

* * * * *

OLD AND DISABLED MEMBERS OF SOCIETIES INSURANCE ACT, 1911

15.—(2) The regulations made by the Insurance Commissioners . . . shall require the adoption by every Insurance Committee of such system as will secure

(e) the provision of medical attendance and treatment, on the same terms as to remuneration as those arranged with respect to insured persons, to members of any friendly society which, or a separate section of which, becomes an approved society who were such members at the date of the passing of this Act, and who are not entitled to medical benefit under this Part of this Act by reason either that they are of the age of sixty-five or upwards at the date of the commencement of this Act, or that being subject to permanent disablement at that date they are not qualified to become insured persons.

INSURANCE ACT, 1913

10.—(2) Paragraph (e) of Sub-section (2) of Section fifteen of the principal Act shall extend to members of societies other than such friendly societies as are mentioned in that paragraph who were at the date of the passing of the principal Act entitled as such members to medical attendance and treatment in like manner and subject to the like conditions as it applies to members of such friendly societies.

MEDICAL BENEFIT REGULATIONS, 1913

79.—(1) Any person who was on the 16th day of December, 1911, and still is, a member of any friendly society, which or a separate section of which has become an Approved Society, and who is not entitled to medical benefit under the principal Act by reason either that he was on the 15th July, 1912, of the age of 65 or upwards, or that being subject to permanent disablement at that date he is not qualified to become an insured person, or the secretary or other officer of the society of which he is a member on his behalf, may give notice to the Committee that the member desires to obtain treatment under arrangements made by the Committee and that the society undertakes to pay in respect of the treatment of the member the sum prescribed in this Article, and where the notice is given personally it shall be countersigned by the secretary or other officer.

(2) The Committee shall furnish to each such member such voucher or other document as may be approved by the Commissioners, and it shall be a condition of every agreement between the Committee and a practitioner on the panel that he shall attend and treat any person presenting such voucher or other document at a rate of remuneration not exceeding the amount which would be available for the treatment (not including drugs and appliances) of that member if he were an insured person: Provided that, so far as practicable, the Committee shall not require a practitioner to attend and treat a number of such members greater than a number bearing the same proportion to the insured persons on his list as the total number of such members obtaining treatment under arrangements made by the Committee bears to the total number of persons included in the lists of practitioners on the panel.

(3) The provisions of this Article shall apply to any person who was on the 16th day of December, 1911, and still is a member of a society (other than a friendly society) which or a separate section of which has become an Approved Society, if he was at the date aforesaid entitled, as such member, to medical attendance and treatment.

Memo. ¹⁵⁵
A.S.

(ABBREVIATED.)

OLD AND DISABLED MEMBERS OF SOCIETIES

1. The Exchequer Grant of 2s. 6d. per annum is payable in respect of every insured person receiving medical attendance and treatment, including insured persons over 65 on 15th July, 1912.

* * * * *

ARRANGEMENTS MADE UNDER SECTION 15 (2) (e)

7. A Friendly Society which finds it impossible to make an arrangement with a doctor within the maximum amount available in the year may, in the case of those of its members to whom Section 15 (2) (e) of the Act applies, call upon the Insurance Committee for the area in which the members reside to put into operation the provisions of that Section.

8. This Section requires Insurance Committees to make it a condition of their arrangements with doctors on the panel that the latter shall be willing, if required, to afford medical attendance to members of Friendly Societies in the classes referred to in that Section at the same rate of remuneration as that payable in the case of insured persons entitled to Medical Benefit. It must be pointed out that the Section refers to medical attendance only, and not to the provision of medicines, etc., and that it merely affords a maximum rate of remuneration at which, if no lower rate can be arranged by private negotiation, doctors on the panel can be *required* to attend insured persons of the classes in question. Further, the Section, and the paragraphs in the Medical Benefit Regulations giving effect to the Section, in no way involve Insurance Committees in the administration of the medical treatment concerned; their duties are limited to enforcing upon doctors upon the panel, if called upon to do so, one of the conditions of those doctors' contract with

the Committee, and to declaring the rate of remuneration (*viz.*, a figure between 6s. 6d. and 7s.) at which doctors on the panel can be required to agree with Societies for the treatment of their members in these classes.

9. It should not, however, save in rare circumstances, be necessary for the machinery of Section 15 (2) (e) and Regulation 51* to be put into operation. It is not anticipated that any doctor on the panel will actually require the Committee to call upon him formally to accept the rate of remuneration prescribed under Regulation 51* by declining to do so in private negotiation. But, for the exceptional circumstances in which it may be necessary for a Committee, at the request of a Friendly Society, to require a doctor to fulfil this condition of his agreement, arrangements have been made which are described in paragraph 11 below.

10. Section 15 (2) (e) applies, however, not only to insured members of Friendly Societies who by reason of age are not entitled to Medical Benefit (*i.e.*, to members in Classes 1 and 2 above-mentioned), but also to uninsured members of Friendly Societies, which have become approved or have established separate sections, who were prevented from becoming insured under the National Insurance Act because of permanent disablement. For the reasons already explained, it will probably be more convenient to a Society to make a private inclusive contract with a doctor for the medical attendance and medicines of these persons than to put Section 15 (2) (e) into operation for the provision of medical attendance only; and it will probably be unnecessary for Societies to resort to Section 15 (2) (e) except in the rare circumstances referred to above. There should presumably be little difficulty on the part of the Society in inducing a doctor on the panel to accept any inclusive terms for medical attendance and medicines which are more profitable to him than the prescribed rate for medical attendance only.

11. For the exceptional cases in which Societies call upon Insurance Committees to put into operation the provisions of Section 15 (2) (e), the enclosed Form of Undertaking and Voucher has been prepared. This Form provides for an undertaking by the Society in accordance with paragraph 51* of the Medical Benefit Regulations to pay the prescribed fee, and for a request by the Society to the Committee to allot the member specified to a doctor on the panel. On receipt from the Society of the Form, with the undertaking duly filled in, the Committee will fill in the name of the doctor selected by them, and forward the Form to that doctor for his signature, at the same time notifying the member of the doctor who has become responsible for his attendance. The doctor in question will then sign the document and return it to the Society.

References in this Memorandum to Societies will, of course, apply to Registered Branches also.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

April, 1913.

* This is Regulation 79 in the revised Regulations of 1913.

Form Med. 33.

THE

SOCIETY

MEDICAL TREATMENT

We, the undersigned, being the Secretary (Treasurer) and three members of the above-named Society, on behalf of the Society hereby request the Insurance Committee of the County (Borough) of _____ (hereinafter called the Committee) to provide medical treatment under the arrangements made by them for the treatment of insured persons to _____ of _____ who was on the 16th December, 1911, and still is a member of the above-named Society and is not entitled to medical benefit

under the National Insurance Act, 1911, by reason that he was on the 15th July, 1912, *of the age of 65 or upwards, and we hereby undertake subject to permanent disablement to pay to any medical practitioner on the panel for the said County (Borough), in consideration of his undertaking the medical treatment of the above-named member, remuneration at the rate and upon the terms and conditions hereinafter mentioned—

1. The treatment given by the practitioner shall be not inferior in nature, quality or extent to that provided by him for insured persons under his agreement with the Committee, save that it shall not include any treatment included in Sanatorium Benefit under the Act nor the provision of any medicines or medical or surgical appliances.

2. The remuneration of the practitioner in respect of treatment for each year shall be such amount as the Committee may determine to be the sum available for the medical treatment (exclusive of medicines and appliances) in that year under the arrangements made by the Committee of an insured person entitled to Medical Benefit and resident in the said County (calculated on the basis of payment by capitation fees), and a proportionate amount in respect of treatment for any part of a year.

3. Payment shall be made to the practitioner not later than seven days after the date of the determination by the Committee of the amount available for the medical treatment of an insured person entitled to Medical Benefit under the arrangements made by the Committee.

4. The Society may at any time, by giving two calendar months' notice in writing to the practitioner and to the Committee, determine the agreement as from the end of that period.

5. If at any time the Committee give notice to the Society of their intention to assign the above-named member to another practitioner on the panel, this agreement shall upon the date specified in that notice determine.

6. For the purposes of this agreement the word "year" means the period fixed by the Insurance Commissioners for the purposes of Medical Benefit under the said Act as the medical year.

*Signature of Secretary
or Treasurer* }

*Signatures of Three
Members of the
Society* }

Date _____

OLD AND DISABLED MEMBERS OF SOCIETIES

The Insurance Committee of the County (Borough) of _____ request Dr. _____ to undertake the medical attendance and treatment of the above-named member in accordance with the provisions of Section 15 (2) (e) of the National Insurance Act, 1911, and Paragraph 51 of the Medical Benefit Regulations.

*Signature of Clerk to the
Insurance Committee* }

Date _____

I agree to undertake the medical attendance and treatment of the above-named member upon the terms offered by the above-named Society.

*Signature of Medical
Practitioner* }

Date _____

* Strike out the words which are not applicable.

MEDICAL AND SANATORIUM BENEFITS FOR EXEMPT PERSONS INSURANCE ACT, 1913

9.—(1) Regulations made by the Insurance Commissioners under Sub-section (4) of Section 4 of the principal Act shall provide for applying the contributions paid in respect of persons who hold certificates of exemption in providing medical benefit and sanatorium benefit for such persons and the cost of the administration of such benefits, and such persons shall, if they fulfil such conditions as may be imposed by those regulations, become entitled to medical benefit and sanatorium benefit as if they were members of approved societies, and the provisions of the principal Act and this Act with respect to the payment and administration of those benefits (including those relating to the application of moneys provided by Parliament towards the cost of those benefits and the expenses of the administration thereof) shall, subject to any modifications, adaptations, and exceptions contained in the regulations, apply accordingly :

Provided that—

(a) the conditions so imposed shall not require payment of upwards of twenty-six weekly contributions before the person becomes entitled to such benefits ;

(b) where the total income from all sources of any such person exceeds one hundred and sixty pounds a year, he shall be required to make his own arrangements for receiving medical attendance and treatment, and Sub-section (3) of Section 15 of the principal Act shall apply accordingly.

(2) This Section shall apply to persons in Ireland with this modification, that the benefits to be provided shall be such as may be specified in a scheme framed by the Irish Insurance Commissioners, but the sum to be contributed out of moneys provided by Parliament towards the cost of those benefits and the administration thereof shall be the same as if the benefits were benefits to insured persons.

188
Memo. —
I.C.

BENEFITS OF EXEMPT PERSONS

Section 9 of the National Insurance Act, 1913, which provides that, subject to Regulations to be made by the Insurance Commissioners, the contributions paid in respect of exempt persons shall be applied to providing medical benefit and sanatorium benefit for those persons, as though they were members of Approved Societies, comes into force on the 12th January, 1914. A copy of the National Health Insurance (Exempt Persons Benefits) Regulations, 1913, is enclosed, together with a copy of Form X. 150, which has been sent to every exempt person entitled under the Regulations to medical and sanatorium benefit as from the 12th January. Index Slips (red) in respect of these persons will be sent to the Committee at an early date. Any Index Slips in respect of exempt persons who are resident outside the Committee's area should be re-allocated without delay to the appropriate Committee. Particulars of slips so re-allocated should be furnished to the National Health

Insurance Commission (England), Leonard Street, St. Luke's, London, E.C., on Schedules which will be supplied for the purpose with the Index Slips. The bulk of the Index Slips will be despatched to the Committee by the 23rd instant. Any further slips will be forwarded at weekly intervals.

Those exempt persons in respect of whom Index Slips are sent to the Committee should be treated in all respects as though they were insured persons entitled to medical benefit on and from 12th January next, and in Memorandum 187 I.C. Committees have already been asked to issue the necessary Medical Cards to them as early as practicable. In order, however, to provide for cases where delay might arise in issuing the Medical Card, exempt persons have been instructed that if they do not receive a Medical Card in due course, they should apply direct to the Committee, forwarding Form X. 150, which will indicate the name and address, and the number of the exemption certificate. Should the Committee receive any such applications, the Medical Card can be issued at once without waiting to trace the Index Slip.

The Committee will be notified from time to time by the receipt of orange slips of those exempt persons who become suspended from benefits under the Regulations. It will be seen from the Regulations that suspensions will ordinarily take effect from the beginning of the benefit periods (*i.e.*, from 1st April or 1st October). The only exception to this rule will be cases where the certificate has been cancelled or has expired, and a renewal has been refused.

It will be noted that proviso (b) to Section 9 of the Act of 1913 provides that where the total income from all sources of an exempt person exceeds £160 a year, he shall be required to make his own arrangements for receiving medical attendance and treatment. Exempt persons entitled to benefit have been instructed that where their income exceeds £160 a year, they must at once inform the Committee to that effect. As these persons are required under the Act to make their own arrangements, the Committee have no discretion to refuse these applications, although they will require to satisfy themselves either at the time the application is made or when a contribution is claimed that the conditions imposed by the Regulations and by the Treasury Grant will be or have been complied with.

Attention is also drawn to the definition of "insured person" in the Draft Medical Benefit Regulations, which provides that "insured person" means an insured person entitled to medical benefit and includes an exempt person. The Medical Benefit Regulations will, therefore, apply to exempt persons entitled to benefit, except in the case of those Regulations which are specifically limited to insured persons who are members of Approved Societies, or to deposit contributors.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
December, 1913.

NON-PANEL ARRANGEMENTS TREATMENT THROUGH INSTITUTIONS INSURANCE ACT, 1911

15.—(4) The regulations shall provide that, in the case of persons who are entitled to receive medical attendance and treatment under any system or through any institution existing at the time of the passing of this Act and approved by the Insurance Committee and

the Insurance Commissioners, such medical attendance and treatment may be treated as, or as part of, their medical benefit under this Part of this Act, and may provide for the Committee contributing towards the expenses thereof the whole or any part of the sums which would be contributed in the case of persons who have made their own arrangements as aforesaid, so, however, that such regulations shall secure that no person be deprived of his right, if he so elects, of selecting the duly qualified medical practitioner by whom he wishes to be attended and treated, in accordance with the foregoing provisions of this Section.

MEDICAL BENEFIT REGULATIONS, 1913

APPLICATION TO APPROVED INSTITUTION

23.—An insured person who desires and is entitled to obtain treatment through an approved institution shall make application, in such manner as the Committee with the approval of the Commissioners may require, to the institution, which shall within one week inform the Committee of its acceptance or rejection of the application; and in the case of rejection the Committee shall, as soon as may be, inform the applicant that he is rejected.

APPROVAL OF INSTITUTIONS

13.—(1) The Committee shall, for the purpose of providing medical benefit for persons desiring to receive treatment (including drugs and appliances) through an institution, consider any application for approval made by the Board of Management of, or person administering, any institution for the purposes of Sub-section (4) of Section 15 of the principal Act.

(2) The Committee shall send to the Commissioners such particulars relating to the institution and the application received therefrom as the Commissioners may require, together with a statement as to whether or not they approve the institution.

(3) The Commissioners may, if they think fit, approve any institution which has been approved by the Committee, and the approval of the Commissioners shall have effect for the period stated in the approval, subject to the observance by the institution of the following conditions—

(a) that the institution shall make such alterations in, and additions to, its rules as the Commissioners may require, and shall not thereafter make any alterations in or additions to its rules affecting the rights of insured persons, except with the consent of the Commissioners;

(b) that the institution shall be conducted in such a manner as to comply with the conditions of any scheme for the distribution of a Parliamentary grant as a condition of payment of that grant; and

(c) such other conditions, if any, as the Commissioners may think fit to impose

PERSONS MAKING OWN ARRANGEMENTS INSURANCE ACT, 1911

15.—(3) The regulations made by the Insurance Commissioners shall authorise the Insurance Committee by which medical benefit is administered to require any persons whose income exceeds a limit to be fixed by the Committee, and to allow any other persons, in lieu of receiving medical benefit under such arrangements as aforesaid, to make their own arrangements for receiving medical attendance and treatment (including medicines and appliances); and in such case the Committee shall, subject to the regulations, contribute from the funds out of which medical benefit is payable towards the cost of medical attendance and treatment (including medicines and appliances) for such persons sums not exceeding in the aggregate the amounts which the Committee would otherwise have expended in providing medical benefit for them.

MEDICAL BENEFIT REGULATIONS, 1913

APPLICATION TO BE ALLOWED TO MAKE SPECIAL ARRANGEMENTS

24.—(1) An insured person who desires to be allowed to make his own arrangements for obtaining treatment shall make application to the Committee in such manner as the Committee, with the approval of the Commissioners, may require; and the Committee shall, as soon as may be, inform him of their consent or refusal, as the case may be.

(2) An insured person who under the provisions of the amending Act or of these Regulations is required to make his own arrangements shall give notice to that effect to the Committee.

14.—(1) The Committee may fix an **income limit** for the purpose of the administration of medical benefit, and may **require** insured persons whose incomes exceed that limit, in lieu of receiving medical benefit under the arrangements to be made by the Committee, to make their own arrangements for receiving treatment (including drugs and appliances): Provided that the Committee may exclude from this requirement any insured persons who ought in the opinion of the Committee to be excluded whether by reason of the occupation or method of remuneration of the class to which they belong or of their circumstances or residence or otherwise.

(2) The Committee shall inform the Commissioners of any income limit proposed to be fixed by the Committee under these Regulations, and shall, before fixing, varying, or abolishing an income limit, give public notice of their intention so to do, and shall consult the Local Medical Committee and Panel and Pharmaceutical Committees; and shall consider representations made to them by any Society having members resident in the County, or by the Association of deposit contributors for the County.

(3) Any Society having members resident in the County, or the Association of deposit contributors, Panel Committee or Pharmaceutical Committee for the County may at any time, by notice in writing to the Committee, dispute the right of any insured person to receive medical benefit under the arrangements made by the Committee, on the ground that the income of that person exceeds the income limit and that he is not entitled to be excluded, or that, being an exempt person, his total income from all sources exceeds £160 a year.

(4) Upon receipt of any such notice the Committee may, if they think fit, give notice in writing to that person that, unless, within a period specified in the notice, he satisfies the Committee that his income does not exceed that limit or that he is entitled to be excluded, or that, being an exempt person, his total income from all sources does not exceed £160 a year, the Committee will require him to make his own arrangements; and if, within the said period, the insured person fails to satisfy the Committee as aforesaid, the Committee shall require him to make his own arrangements.

(5) Any decision of the Committee to fix, vary or abolish an income limit shall only take effect from the commencement of the succeeding year.

(6) The Committee may **allow** any insured persons resident in the County, whether individually or collectively, in lieu of receiving medical benefit under the arrangements made by the Committee, to make their own arrangements for receiving treatment.

(7) The period for which an insured person may be allowed to make his own arrangements shall be the period up to the end of the year in respect of which application is made or to the end of the succeeding year, as the Committee think fit.

143
Memo. —
I.C.

Applications under Section 15 (3) of the National Insurance Act, 1911, from Insured Persons desirous of making their own arrangements for Medical Attendance and Treatment.

1. The Insurance Commissioners understand that Insurance Committees have experienced some difficulty with regard to applications from insured persons under Section 15 (3) of the National Insurance Act, and the following Memorandum is intended to assist Committees in dealing with such applications.

2. The Act does not contemplate arrangements under Section 15 (3) as an alternative to the normal panel system, but only as a provision to meet the exceptional cases of insured persons for whom, owing to their individual circumstances or to the circumstances of their occupation, special arrangements are more suitable than the arrangements made by the Committee.

3. Moreover, in considering applications from insured persons to be allowed

to make their own arrangements for medical attendance and treatment, Insurance Committees will doubtless have regard not only to the special circumstances of each case, but also to the effect of their decision upon the general arrangements for the administration of medical benefit in their area.

4. Special circumstances in which an insured person may desire to obtain medical attendance and treatment otherwise than under the arrangements made by the Committee with practitioners on the panel include the following—

(a) Special disabilities arising out of the nature of the occupation which prevent the insured person from getting full advantage from the panel system (*e.g.*, commercial travellers, actors);

(b) Special advantages arising out of the nature of the occupation which enable insured persons to obtain a more convenient or more extensive medical service than that provided by the panel system (*e.g.*, nurses, hospital and asylum staffs);

(c) Circumstances in which the insured person desires a particular system of treatment not undertaken by doctors on the panel.

5. The majority of the applications with which Committees have to deal are received, it is understood, from insured persons desiring to obtain medical attendance and treatment from a particular practitioner who is not on the panel. Special discrimination must be exercised in dealing with such applications

6. Some of the cases in which applications are made under Sub-section (3) of Section 15 can be more suitably met by the Committee allowing the doctor whose services are desired to come on the panel for a limited number of insured persons or for particular insured persons only, as for instance in certain cases of domestic servants desiring to be attended by the doctor who attends the household. But this should only be done where the Committee have carefully satisfied themselves (1) that provision has already been made for all insured persons; (2) that the other doctors on the panel agree to the proposed arrangement; and (3) that the arrangement will not, at all events without the consent of the other doctors on the panel, result in the doctor who is admitted to the panel on these terms having on his list an undue proportion of selected lives.

7. With regard to the majority of applications received from persons desiring to obtain medical attendance from a practitioner not on the panel, it will be within the knowledge of the Committee that an attempt has been made by a Section of the medical profession in certain districts to utilise the provisions of Sub-section 3 of Section 15 of the Act for the purpose of setting up an alternative service in substitution for the normal system contemplated by Sub-section 2. This would defeat the clear intention of the Act, which is that medical benefit should be administered by the Insurance Committee, and that the doctors who attend insured persons should as a rule do so under the arrangements made by the Committee, and not under private arrangements made with the insured persons directly. If a medical practitioner is prepared to attend any substantial number of insured persons, the proper course is for the practitioner to come on the panel.

8. On the other hand, there will doubtless be isolated cases in which the insured person desires to be attended by a practitioner who does not ordinarily undertake practice among the insured class and whose ordinary fees are possibly on a higher scale than the amount available from the Medical Benefit Fund would afford. Cases may also arise in which an insured woman desires to be attended by a practitioner of her own sex, and is willing if necessary to pay more than the ordinary rate of remuneration. Such cases as these would appear to fall within the class for which Sub-section 3 was intended to provide. But before granting the application the Committee should ascertain that the insured person fully recognises and accepts the liability for any excess of the doctor's charges beyond the amount which the Committee would be able to contribute.

Contribution

9. The Act provides that the Insurance Committee shall, *subject to the Regulations*, make a contribution towards the cost of medical attendance and treatment in those cases in which they have allowed an applicant to make his own arrangements. The Regulations which have been made are concerned with four main points.

- (1) The separation of medical attendance from the supply of medicines.
- (2) The Committee's duty to the insured person, and indirectly to his approved society, as to the efficiency of the medical treatment arranged for ;
- (3) The enforcement of the conditions of the Exchequer Grant ;
- (4) The pooling arrangements necessary to carry out the provisions of the sub-section as to the Committee contributing "sums not exceeding in aggregate the amounts which the Committee would otherwise have expended in providing medical benefit for them."

10. As these provisions are prescribed by the Regulations as conditions of contribution, it is desirable that the Committee should satisfy themselves that these conditions will be observed when considering an application, instead of allowing the insured person to incur expense under a misapprehension, only to find out later that through his non-observance of the conditions the Committee are unable to contribute.

11. Further, as already stated, it is desirable that the Committee should call the attention of applicants to the fact that they are liable to the doctor for any margin on his bills in excess of the Committee's contribution. There is reason to believe that this fact is not generally appreciated.

12. Except in cases in which the insured person has contracted to obtain treatment at a fixed rate, it will be necessary for the Committee, in pursuance of Regulation 49* (2) (b), to fix a scale of fees in accordance with which the expenditure of the insured person will require to be calculated by them.

Forms of Application

13. In order to bring to the notice of applicants, as well as of doctors with whom they desire to make special arrangements, the conditions which must be complied with, and to enable the Committee at the same time to satisfy themselves both as to the presence of special circumstances and as to the efficiency of the service arranged for, the Commissioners have prepared the enclosed model form (43/I.C.) for the convenience of the Committee. This form, as will be seen, provides for a statement by the applicant of the special circumstances which prompt him to make application, and for an undertaking by the doctor by whom he proposes to be attended that the necessary conditions will be observed.

14. In the case, however, of persons who by reason of their occupation change their residence at such frequent intervals that they are unable to make arrangements with any single doctor, this form will be inapplicable. Such persons will be unable to obtain an undertaking from the doctor in advance ; and the Committee will require to satisfy themselves as to the observance of the conditions when application is made for a contribution. The enclosed form, 43A/I.C., has been prepared for issue in these special cases by the Committee to the applicant when they notify him of their consent to his application, and is intended to enable the insured person both to account to the Committee for the expenditure to which a contribution is desired, and at the same time to satisfy them that the necessary conditions have been complied with.

15. In the case of nurses or other insured persons employed in a hospital or similar institution to whom treatment would normally be given by doctors on the staff, a further form of application will be found convenient.

16. The enclosed form, 43B/I.C., provides for a collective application over the individual signatures of all the applicants, and for a general undertaking by

the Institution itself to comply with the necessary conditions of contribution by the Committee.

17. Regulation 49* (2) of the Medical Benefit Regulations provides as follows :

" There shall be paid to every insured person required or allowed to make his own arrangements by way of contribution to the cost of his treatment (including medicines and appliances) an amount equal to that expended by him in obtaining treatment, medicine and appliances. Provided that

" (a) in the case of a person who has contracted to obtain treatment (including medicines and appliances) for the year, the sum so to be paid shall be a sum equal to the amount contracted to be paid by him or a sum equal to the aggregate amount standing to the credit of the fund divided by the number of persons making their own arrangements, whichever is the less."

18. At the same time Regulation 49* (2) (c) expressly lays down that " it shall be a condition of any payment that the medicines and appliances supplied to any person required or allowed to make his own arrangements shall be supplied otherwise than by or at the profit of the practitioner who is attending him," except in certain circumstances.

19. It will be clear, therefore, that no insured person can make an inclusive contract to the expense of which the Committee would contribute for medical attendance and medicines with a doctor ; and that for this reason inclusive contracts such as those implied in the terms of Regulation 49* (2) (a) must necessarily be made with some intermediate person or body by whom both doctor and dispenser are employed. The position of a Hospital or Asylum, however, as employing doctors and dispensers, enables it to make inclusive contracts with insured persons upon its staff ; and, if this course is followed, the Insurance Committee will be enabled by Regulation 49* (2) (a) to make a contribution to the expense incurred by the insured person under such contract within the limits set forth in that Regulation.

20. It would, of course, be possible to arrange for hospital employees to be treated by the doctors on the staff otherwise than under the provisions of Section 15 (3) of the Act, if the doctors on the panel consented to the hospital doctors being placed on the panel for the treatment of insured members of the staff only. This alternative course might conveniently be considered, especially in circumstances in which, owing to the local situation of the institution, it would be permissible for the insured employees to receive their medicines from the doctor in attendance under the provisions of Regulation 30.†

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

18th February, 1913.

* This is Regulation 44 in the revised Regulations of 1913

† This is Regulation 12 in the revised Regulations of 1913.

Form 43/I.C.

NATIONAL INSURANCE ACT, 1911

INSURANCE COMMITTEE FOR THE COUNTY
COUNTY BOROUGH
OF _____

(Address) _____

If you desire to be allowed to make your own arrangements for medical attendance and treatment (including medicines and appliances), you must

answer the following questions and obtain your doctor's signature to the accompanying undertaking. (See p. 2.)

Before doing so, you should carefully read the instructions set out overleaf. (See p. 3.)

QUESTION

ANSWER

(1) What are the special circumstances which cause you to desire to make your own arrangements for medical attendance and treatment, instead of receiving medical benefit under the arrangements made by the Insurance Committee?

(2) By what Doctor do you desire to be attended?

(3) Has he attended you or your family previously?

If so, how long?

(4) If you do not wish to arrange with a particular doctor, what arrangements do you desire to make?

¹ If you are a Deposit Contributor, write here "Deposit Contributor."

Name of Approved Society¹
(or Branch)

Number

Usual Signature

Address

Date

NOTICE.—When you have filled up this form, send it, together with your Medical Ticket, to the Clerk to the Insurance Committee at the above address.

UNDERTAKING TO BE SIGNED BY DOCTOR

I, _____, of _____
undertake to give to _____

an insured person living at _____, medical attendance and treatment not inferior in nature, quality, or extent to that provided under the arrangements made by the Insurance Committee, and I undertake to comply in other respects with any conditions which, by reason of any scheme for the distribution of Parliamentary grant, must be complied with in the case of treatment provided otherwise, including—

(1) the keeping and furnishing of records,* in the form prescribed by the Insurance Commissioners, of the diseases of the insured person attended by me, and of any treatment of him, and of such further records as may at any time hereafter be agreed between the Insurance Committee and the Local Medical Committee;

(2) the furnishing, at the request of the insured person, of such certificates as are required to be furnished by him for the purposes of the National Insurance Act in connection with any claim for sickness or

* To obviate any danger of a breach of professional confidence, the prescribed form (which will be supplied by the Committee) will be perforated. The portion containing the name and address of the insured person and the attendances is to be sent to the Committee, and the other portion, containing the nature of the illness, etc., to the Commissioners.

disablement benefit made by him in pursuance of the rules of the Society of which he is a member, or of the Committee, as the case may be; and

(3) the giving of any domiciliary treatment which may be required in the event of the insured person being recommended for Sanatorium Benefit.

I agree to give such reasonable facilities as may be necessary to enable the Insurance Committee or the Insurance Commissioners to satisfy themselves that the above conditions are being duly carried out, in order that the insured person may be entitled to receive from the Insurance Committee a contribution towards the cost of the attendance and treatment given by me.

My remuneration for treatment of the insured person under the arrangement which I have made with him (a) will be calculated at a rate of _____ per quarter during the period ending _____;

or * (b) will be calculated on the basis of fees per attendance in accordance with the following scale †:—

- | | | | | | | | | | |
|--|-----------------------|----|----|----|----|----|----|----|----|
| (1) Attendance on the patient at the practitioner's residence | surgery or dispensary | .. | .. | .. | .. | .. | .. | .. | .. |
| (2) Visit to the patient's residence | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (3) Special Visit (i.e., visit paid by the patient's desire on the same day as a call received after . . . a.m., or on Sunday) | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (4) Night Visit (i.e., visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours) | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (5) Surgical operation requiring local or general anaesthetic, or case of abortion or miscarriage | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (6) Administration of general anaesthetic | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (7) Setting of fracture | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| (8) Reduction of dislocation | .. | .. | .. | .. | .. | .. | .. | .. | .. |

and I agree to furnish quarterly a statement of attendance and treatment given during the preceding quarter under the foregoing heads.

I understand that it is a condition of any contribution by the Insurance Committee towards the cost of the insured person's treatment by me that I comply with the terms of this undertaking, and that any contribution will be limited in the manner described in the instructions below.

Signature _____

Date _____

INSTRUCTIONS

1. The Insurance Committee in considering an application from an insured person to be allowed to make his own arrangements for medical attendance and treatment will require to be satisfied that there are special circumstances affecting the applicant which justify them in granting the application and in making a contribution from the Fund out of which medical benefit is payable towards the cost of attendance and treatment obtained under such arrangements. They will also require to be satisfied that the treatment obtained will be of a nature, quality, and extent not inferior to that obtained by insured persons who are attended under the arrangements made by the Committee, and that the conditions are complied with upon which a Parliamentary Grant is made to the Committee for the purpose of the provision of medical benefit to insured persons. It is accordingly necessary that an undertaking in the form annexed should be signed by the doctor who undertakes the treatment of any insured person allowed to make his own arrangements.

2. The Committee in considering applications from persons who desire to be allowed to make their own arrangements will also have regard to the effect of such arrangements upon the general scheme of provision of medical benefit for insured persons in their area.

* Strike out either (a) or (b), whichever is inapplicable.

† The scale of fees should be completed by the doctor by the insertion in the appropriate spaces of the fees which he proposes to charge the insured person. If these fees are in excess of the scale of fees fixed by the Committee, the excess would have to be borne by the insured person.

arrangements in this way. The bills of the doctors calculated on this scale will be paid in full if the total amount of the bills does not exceed the total amount available in the pool. If the total amount of the bills exceeds the total amount in the pool, the bills will be paid so far as the pool permits, the same proportion being paid on each bill; and the insured person, in the absence of any special arrangements to the contrary, will be liable to the doctor for the payment of the balance.

10. In the exceptional circumstances in which a contribution can be made towards the cost of drugs supplied by the doctor, the arrangement will be made by the patient with him for including the supply of drugs in the contract, if the arrangement be on the contract basis, or for his charging in his account for medicines actually supplied, and payment will be made in accordance with the same principle as in cases where the doctor provides medical attendance and treatment only.

11. In the cases in which the doctor does not supply medicines or appliances, the insured person will present to the Committee the chemist's account, and the Committee will contribute to the cost so far as the amount available in the appropriate pool permits; and if the aggregate accounts exceed the total amount in the pool, the same proportion will be paid on each.

Form 43 (a)
I.C.

Instructions to Insured Persons making their own arrangements for obtaining Medical Attendance, who by reason of the nature of their occupation change their residence too frequently to make arrangements with a Single Doctor.

It is the duty of the Insurance Committee to satisfy themselves before making a contribution towards the expense incurred by a person making his own arrangements, that the treatment obtained under such arrangements is in nature quality and extent not inferior to that obtained by insured persons who are attended under the arrangements made by the Committee, and that the conditions upon which a Parliamentary Grant is made to the Committee for the purpose of the provision of medical benefit to insured persons are complied with, including—

(1) the keeping and furnishing of records, in the form prescribed by the Insurance Commissioners, of the diseases of the insured person attended, and of any treatment of him, and of such further records as may at any time hereafter be agreed between the Insurance Committee and the Local Medical Committee;

(2) the furnishing, at the request of the insured person, of such certificates as are required to be furnished by him for the purposes of the National Insurance Act in connection with any claim for sickness or disablement benefit made by him in pursuance of the rules of the Society of which he is a member, or of the Committee, as the case may be; and

(3) the giving of any domiciliary treatment which may be required in the event of the insured person being recommended for Sanatorium Benefit.

In normal circumstances, in order to protect the insured persons from incurring expense under a misapprehension, only to discover subsequently that in consequence of non-compliance with the necessary conditions, the Committee are unable to contribute, the Committee have taken steps to satisfy themselves upon the matters referred to before allowing the insured

person to make his own arrangements, by requiring an undertaking from the doctor by whom the applicant proposes to be attended that the requisite conditions will be observed. In the case, however, of those insured persons who, by reason of the nature of their occupation, change their residence so frequently as to be unable to make arrangements with any single doctor, it will presumably not be possible for them to satisfy the Committee in advance, and it will, therefore, rest with the insured person to afford evidence of compliance with the conditions at the time when he applies for a contribution from the Committee.

3. Subject to the necessary conditions being fulfilled, a contribution will be made by the Committee to the cost of attendance and treatment obtained by the person who is allowed to make his own arrangements.

4. The amount which an insured person can thus obtain as a contribution from the Insurance Committee towards the cost of his attendance and treatment is strictly limited. Sums not exceeding in the aggregate what it would have cost the Committee to provide medical benefit for all the insured persons in their area required or allowed to make their own arrangements will be carried annually to a fund called the Special Arrangements Fund, and the amount which can be contributed towards the cost of medical attendance and treatment, including medicines and appliances of all insured persons in the area making their own arrangements, cannot exceed the amount of this fund.

5. Contributions towards the cost of obtaining medicines and appliances must be considered separately from contributions towards the cost of obtaining medical attendance and treatment.

6. No contributions can be made by the Insurance Committee towards the cost of medicines and appliances supplied by or at the profit of the doctor undertaking the treatment of the insured person, except in the following cases :

(a) If the medicine is a medicine which is ordinarily administered by the doctor to the person, or if the medicine or appliance is required immediately or before a supply can conveniently be obtained from the chemist ; or

(b) if the insured person is living in the country at a distance of more than 1 mile from a chemist ; or if, owing to special difficulties of communication, the insured person has received permission from the Insurance Committee to obtain medicines and appliances from the doctor attending him.

7. The arrangement with the doctor for giving medical attendance and treatment (excluding medicines and appliances) may be made on the basis of payment by fees for services actually rendered ; and it is presumed that this method will be usually adopted by persons frequently changing their place of residence.

8. If the arrangement made with the doctor is for payment by the insured person of fees per attendance in respect of services actually rendered, the insured person will be required at the end of the year to submit a detailed account of the services rendered and the charges incurred, and the amount expended by the insured person will then be calculated in accordance with the scale of fees fixed by the Committee * applying to all persons in its area who make their own arrangements in this way. The bills of the doctors calculated on this scale will be paid in full if the total amount of the bills does not exceed the total amount available in the pool. If the total amount

* SCALE OF FEES FIXED BY THE COMMITTEE

s. d.

- | | | | | | | | |
|---|----|----|----|----|----|----|----|
| (1) Attendance on the patient at the practitioner's residence, surgery, or dispensary | .. | .. | .. | .. | .. | .. | .. |
| (2) Visit to the patient's residence | .. | .. | .. | .. | .. | .. | .. |
| (3) Special Visit (<i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after... a.m. or on Sunday) | .. | .. | .. | .. | .. | .. | .. |
| (4) Night Visit (<i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between these hours) | .. | .. | .. | .. | .. | .. | .. |
| (5) Surgical operation requiring local or general anaesthetic or case of abortion or miscarriage | .. | .. | .. | .. | .. | .. | .. |
| (6) Administration of general anaesthetic | .. | .. | .. | .. | .. | .. | .. |
| (7) Setting of fracture | .. | .. | .. | .. | .. | .. | .. |
| (8) Reduction of dislocation | .. | .. | .. | .. | .. | .. | .. |

that the statistical portion below has been filled in and forwarded to the National Health Insurance Commission (England), Buckingham Gate, London, S.W.

* If you are a Deposit Contributor write here "Deposit Contributor."

Name of Approved Society (and Branch) * _____

Number _____

Usual Signature _____

Address _____

Date _____

On the conclusion of the treatment, the portion below must be filled in by the doctor in attendance. This portion must be detached and forwarded by the insured person to the National Health Insurance Commission (England), Buckingham Gate, London, S.W., at the end of the year.

[PERFORATION.]

AGE _____		SEX _____		OCCUPATION _____			
Quarter ending 31st March.		Quarter ending 30th June.		Quarter ending 30th September.		Quarter ending 31st December.	
Illnesses.	Attendances.	Illnesses.	Attendances.	Illnesses.	Attendances.	Illnesses.	Attendances.

NOTE.—The doctor attending the insured person should enter the illness and the number of attendances, and sign his name below the entry.

Form ^{43 (b)}
I.C.

The position of a Hospital or Asylum, as employing doctors and dispensers, enables it to make inclusive contracts with insured persons for the provision of both medical attendance and medicines, etc., without infringing the condition imposed by Regulation 49† (2) (c) ; and, if this course is followed, the Committee will be enabled by Regulation 49† (2) (a) to make a contribution to the expense incurred by the insured person under such contract within the limits set forth in that Regulation.

It would, of course, be possible to arrange for hospital employees to be treated by the doctors on the staff otherwise than under the provisions of Section 15 (3) of the National Insurance Act if the hospital doctors would agree to being placed on the panel for the treatment of insured members of the staff only.

FORM OF APPLICATION FOR INSURED PERSONS EMPLOYED AT HOSPITALS, ASYLUMS, OR OTHER SIMILAR INSTITUTIONS DESIROUS OF MAKING THEIR OWN ARRANGEMENTS FOR RECEIVING MEDICAL ATTENDANCE AND TREATMENT UNDER SECTION 15 (3) OF THE NATIONAL INSURANCE ACT, 1911.

NATIONAL INSURANCE ACT, 1911

Members of the staff of an Institution who desire to be allowed to make

† This is Regulation 44 in the revised Regulations.

their own arrangements with the Institution for the provision of medical attendance and treatment (including medicines and appliances) should append their signatures and the names of their respective Approved Societies, together with their numbers in those Societies, in the spaces provided for the purpose. The undertaking overleaf must be signed by or on behalf of the managers or governing body of the Institution.

Part I.—UNDERTAKING ON BEHALF OF THE INSTITUTION.

ON behalf of the Governing Body of the _____
 _____ (hereinafter called "the Institution"), We, the undersigned, being respectively the Chairman and Secretary (or Clerk) of the Governing Body, hereby undertake as follows—

(1) The Institution will provide for the insured persons whose signatures are appended to the accompanying application medical attendance and treatment (including medicines and appliances) not inferior in nature, quality, or extent to that provided under the arrangements made by the Insurance Committee, and the medical practitioners attending those persons will comply in other respects with any conditions which, by reason of any scheme for the distribution of a Parliamentary grant, must be complied with in the case of treatment provided otherwise, including—

(a) the keeping and furnishing of records,* in the form prescribed by the Insurance Commissioners, of the diseases of the insured persons attended, and of any treatment of them, and of such further records as may at any time hereafter be agreed between the Insurance Committee and the Local Medical Committee;

(b) the furnishing, at the request of the insured persons, of such certificates as are required to be furnished by them for the purposes of the National Insurance Act, 1911, in connection with any claim for sickness or disablement benefit made by them in pursuance of the rules of the Approved Societies of which they are respectively members, or of the Insurance Committee, as the case may be; and

(c) the giving of any domiciliary treatment which may be required in the event of the insured persons being recommended for Sanatorium Benefit.

We undertake to give such reasonable facilities as may be necessary to enable the Insurance Committee or the Insurance Commissioners to satisfy themselves that the above conditions are being duly carried out, in order that the insured persons may be entitled to receive from the Insurance Committee a contribution towards the cost of the attendance and treatment provided by the Institution.

† (2) Medical attendance and treatment (including medicines and appliances) will be provided for the insured persons applying herein at an inclusive rate of _____ per annum.

It is understood that it is a condition of any contribution by the Insurance Committee to the cost of the treatment afforded by the Institution to any of the insured persons applying herein that the terms of this undertaking are

* To obviate any danger of a breach of professional confidence, the prescribed form (which will be supplied by the Committee) will be perforated. The portion containing the name and address of the insured person and the attendances is to be sent to the Committee, and the other portion containing the nature of the illness, etc., to the Commissioners.

† NOTE.—Regulation 49 (2) of the Medical Benefit Regulations provides as follows—

"There shall be paid to every insured person required or allowed to make his own arrangements by way of contribution to the cost of his treatment (including medicines and appliances) an amount equal to that expended by him in obtaining treatment, medicine, and appliances. Provided that

"(a) in the case of a person who has contracted to obtain treatment (including medicines and appliances) for the year, the sum so to be paid shall be a sum equal to the amount contracted to be paid by him or a sum equal to the aggregate amount standing to the credit of the fund divided by the number of persons making their own arrangements, whichever is the less "

complied with, and that any contribution will be limited in the manner prescribed in the Regulations.

Signatures of Chairman and
Secretary (or Clerk) of the
Governing Body } _____
Date _____

Part II.—APPLICATION TO BE MADE BY INSURED PERSONS.

We, the undersigned, being insured persons entitled to medical benefit employed at _____, hereby make application to the _____ Insurance Committee to be allowed to make our own arrangements under Section 15 (3) of the National Insurance Act, 1911, for receiving medical attendance and treatment (including medicine and appliances) from

(here insert name of Institution or Governing Body) _____, and we hereby authorise _____ or any other person for the time being authorised by the Governing Body for that purpose to receive on our behalf the contributions payable by the said Insurance Committee towards the cost of our treatment.

Signature.	* Approved Society.	Applicant's Number in Society.

* If Deposit Contributor, write D.C.

N.B.—Any additional names should be added to foolscap sheets and appended to this form.

PERSONS EXCLUDED FROM MEDICAL BENEFIT

Commissioners may, upon application, exempt from operations of Act inmates of charitable or reformatory institution who are provided with medical attendance and maintenance when sick, and such persons, if previously insured, are suspended from insurance while in institution, subject to liability of managers to pay for their re-entry into insurance when leaving institution.

[Insurance Act, 1911 ; Sec. 51.
Insurance Act, 1913 ; Sec. 24.]

Insured Persons who are not entitled to Medical Benefit—

Those more than the prescribed limit in arrear with their contributions (10) ; soldiers and sailors while in Army and Navy (46) ; masters, seamen, or apprentices in Mercantile Marine while provided

with medical attendance and maintenance by owner under Merchant Shipping Act, 1894 (48) ; persons residing in Ireland (81).

[Insurance Act, 1911 ; Sections quoted.]

INSURANCE ACT, 1913

3.—(2) . . . Provided that a person who is of the age of sixty-five or upwards at the time of entering into insurance shall not be entitled to medical benefit after he attains the age of seventy, unless the number of weekly contributions paid by or in respect of him exceeds twenty-six.

10.—(1) No voluntary contributor whose total income from all sources exceeds one hundred and sixty pounds a year shall be entitled to receive medical benefit, but in that case the weekly contribution which would otherwise be payable by him shall be reduced by one penny.

SEAMEN'S MEDICAL BENEFIT REGULATIONS, 1913

3.—For the purpose of the administration of the Medical Benefit of members of the Society (not being individual members in relation to whom the Society has agreed with an Insurance Committee for the administration of Medical Benefit by the Committee), the provisions of the National Health Insurance (Administration of Medical Benefit) Regulations mentioned in the Schedule to these Regulations shall, except as expressly provided in these Regulations, apply as if the Society were an Insurance Committee and as if those members were insured persons resident in the area of the Committee :

Provided that nothing in these Regulations or in the said Regulations as applied by these Regulations shall require the Commissioners or the Society to consult with any Local Medical Committee ; and so much of the said Regulations as requires the Commissioners to approve (as part of any arrangements made under Sub-section (1) of Section 15 of the Act) any agreement or draft agreement entered into between the Society and a medical practitioner undertaking to give medical attendance and treatment to members of the Society, shall not apply.

4. The amount to be carried to the Special Arrangements Fund of the Society under paragraph (1) of the Regulation 49* of the National Health Insurance (Administration of Medical Benefit) Regulations, 1912, shall be determined by the Commissioners ; and any sum standing to the credit of that Fund at the close of any year shall be carried forward to the credit of the Fund for the succeeding year.

5.—(1) The Society may make arrangements with any medical

These Numbers refer to the Clauses in the now revoked Regulations,

practitioner who undertakes to give medical attendance and treatment to members for the supply by him of drugs, medicines, and appliances to those members.

(2) Subject to the provisions of the last preceding paragraph the Society shall not make arrangements for the dispensing of medicines with persons, firms or bodies corporate other than those mentioned in the proviso (iii) to Sub-section 5 of Section 15 of the Act.

6.—(1) Any arrangements made by the Society with an Insurance Committee for the administration of Medical Benefit by the Committee to members, and any arrangements made with any medical practitioner or under or through any system or institution or otherwise for securing medical attendance and treatment of members, or the provision of drugs, medicines and appliances, shall be subject to the approval of the Commissioners.

(2) The Society shall make arrangements to the satisfaction of the Commissioners for notifying to the members the arrangements made by the Society for securing to members medical attendance and treatment and the provision of drugs, medicines and appliances.

7. The Society shall keep a separate account of the cost of Medical Benefit, and all sums expended by the Society for the purposes of Medical Benefit shall be charged to that account.

Provided that sums expended by the Society in the administration of Medical Benefit shall not be charged to the Medical Benefit Account but to the Administration Account of the Society and not otherwise.

SCHEDULE

PROVISIONS OF THE NATIONAL HEALTH INSURANCE (ADMINISTRATION OF MEDICAL BENEFIT) REGULATIONS, 1912, WHICH ARE TO APPLY TO MEMBERS OF THE SOCIETY.

* Number of Regulation.	Subject-matter of Regulation.	Extent of Application.
4	Power to make provisional arrangements (83)	The whole
7	Conditions of service of practitioners (5)	Paragraph (1)
9	Preparation and submission of rules (81)	The whole
10	Income limit (14)	The whole
11	Approval by Commissioners	The whole
14	Power to require or allow persons to make their own arrangements for treatment (14)	The whole
27	Prescribed appliances (7)	The whole
49	Special Arrangements Funds (44)	Paragraphs (1), (2) (a) and (b), and (3)
55	Decision as to range of medical services (50)	The whole

* These Numbers refer to the Clauses in the now revoked Regulations of 1912. The relative Clauses in the new Regulations are shown in brackets in the second column.

ADMINISTRATION OF SANATORIUM BENEFIT

INSURANCE ACT, 1911

16.—(1) For the purpose of administering sanatorium benefit, Insurance Committees shall make arrangements, to the satisfaction of the Insurance Commissioners—

(a) with a view to providing treatment for insured persons suffering from tuberculosis or any other such disease as aforesaid in sanatoria and other institutions, with persons or local authorities (other than poor law authorities) having the management of sanatoria or other institutions approved by the Local Government Board, which treatment it shall be lawful for a local authority to provide as respects insured persons resident outside as well as respects those resident within their area; and

(b) with a view to providing treatment for such persons otherwise than in sanatoria or other institutions, with persons and local authorities (other than poor law authorities) undertaking such treatment in a manner approved by the Local Government Board, which treatment (including the appointment of officers for the purpose) it shall be lawful for a local authority, if so authorised by the Local Government Board, to undertake.

Provided that the Insurance Commissioners may retain the whole or any part of the sums so payable out of moneys provided by Parliament to be applied, in accordance with regulations made by the Commissioners, for the purposes of research.

(3) An insured person shall not be entitled to sanatorium benefit unless the Insurance Committee recommends the case for such benefit.

POWER TO EXTEND SANATORIUM BENEFIT TO DEPENDANTS

17.—(1) The Insurance Committee for any county or county borough may, if it thinks fit, extend sanatorium benefit to the dependants of the insured persons resident in the county, or any part of the county, or in the county borough, or any class of such dependants; and in such case the arrangements to be made by the Committee shall include arrangements for the treatment of such dependants, and the sums available for sanatorium benefit shall be applicable to the purpose.

AGREEMENTS WITH METROPOLITAN ASYLUMS BOARD.

INSURANCE ACT, 1913

39.—Notwithstanding anything in any Act, it shall be lawful for the managers of the Metropolitan Asylums district, with the sanction of the Local Government Board, to enter into agreements with any

county council or county borough council or, with the consent of the county council, with any authority in a county, for the reception of insured persons and their dependants suffering from tuberculosis or any such other disease as the Local Government Board, with the approval of the Treasury, may appoint under Section 8 of the principal Act, into hospitals or sanatoria provided by the managers, and for this purpose the managers shall not be deemed to be a poor law authority. Any such agreements may provide that the cost of the treatment of the patients so received, or some part thereof, shall be borne otherwise than as provided by Section 80 of the Public Health (London) Act, 1891.

STATUTORY RULES AND ORDERS, 1912. No. 1038

ORDER OF THE LOCAL GOVERNMENT BOARD, DATED JULY 26, 1912, UNDER SECTION 16 (1) (b) OF THE NATIONAL INSURANCE ACT, 1911 (1 & 2 GEO. 5, C. 55), AS TO THE DOMICILIARY TREATMENT OF TUBERCULOSIS.

59,221.

To the Council of every County and of every Sanitary District in England and Wales ;

To all Insurance Committees in England and Wales appointed in pursuance of the National Insurance Act, 1911 ;—

And to all others whom it may concern.

Whereas by Section 16 of the National Insurance Act, 1911, it is enacted that, for the purpose of administering sanatorium benefit, Insurance Committees shall make arrangements, to the satisfaction of the Insurance Commissioners, with a view to providing treatment otherwise than in sanatoria, or other institutions, for insured persons suffering from tuberculosis, with persons and local authorities (other than poor law authorities) undertaking such treatment in a manner approved by Us, the Local Government Board :

Now therefore, in the exercise of the powers given to Us by the Statutes in that behalf, and subject to the provisions of any Order which We may hereafter issue, We hereby Approve of treatment otherwise than in sanatoria or other institutions of insured persons suffering from tuberculosis when undertaken in such manner as to comply with the following Regulations, that is to say—

Article II.—The treatment shall be carried out under the care and direction of a Medical Practitioner, subject to the following conditions, and to such other conditions as We may in any case from time to time approve ; that is to say—

(1) That the Medical Practitioner attend each patient at such intervals as may be necessary in the interest of the patient.

(2) That the Medical Practitioner give the patient such instructions as are required as to his mode of living, diet, rest and work,

and as to precautions necessary to protect the patient against re-infection.

(3) That the Medical Practitioner keep on a card or sheet in the form set out in the Schedule shown on pages 200-201, a continuous record of the clinical history of the illness of each patient and particulars of the treatment given to the patient under his direction.

(4) That the Medical Practitioner submit the said card or sheet to the Consulting Officer at such times as may be arranged between them.

(5) That the Medical Practitioner prepare and transmit to the Consulting Officer at such times as may be arranged between them, not being less often than once in three months, a report in regard to each patient, giving particulars as to—

(a) the progress of the patient ;

(b) whether the conditions under which the patient is living and receiving the treatment are satisfactory ;

(c) the behaviour of the patient in carrying out instructions given to him ; and

(d) whether in the opinion of the Medical Practitioner any form of institutional treatment has become desirable.

(6) That the Medical Practitioner confer with the Consulting Officer at such times and in such circumstances as may be arranged between them in regard to patients under the care of the Medical Practitioner.

(7) That the Medical Practitioner from time to time inform the Medical Officer of Health of the Sanitary District in which the patient resides, of any circumstances known to the Medical Practitioner which may affect adversely the sanitary conditions under which the patient is living, and in respect to which action by the Medical Officer of Health or of the Sanitary Authority would, in the opinion of the Medical Practitioner, be necessary or desirable.

Article III.—These Regulations shall come into operation on the date hereof, and shall apply and have effect throughout England and Wales.

RECOMMENDATION FOR SANATORIUM BENEFIT

Commissioners recommend that upon receipt of application for Sanatorium Benefit, countersigned by doctor, COMMITTEE should recommend applicant for benefit and treatment by doctor pending further consideration of case. Doctor should confer with Consulting Officer as to treatment, and if latter is of opinion that sanatorium, etc., treatment would be desirable, he must so report to the Committee. (Circular 10 I.C.)

Circular $\frac{6}{\text{I.C.}}$

January, 1913.

SANATORIUM BENEFIT

CONTINUANCE OF EXISTING PROVISIONAL ARRANGEMENTS

I am directed by the National Health Insurance Commission (England) to state that they have had under consideration the continuance of existing

SCHEDULE

Obverse

NATIONAL INSURANCE ACT, 1911

DOMICILIARY TREATMENT OF TUBERCULOSIS

Name _____ Age _____ Sex _____ No. _____

Address_____Married or Single_____

Date of onset of present illness } ----- Date when first seen as insured person } -----

Condition on _____ (date)

General _____ (date)

Working capacity -----

Weight ----- Highest known weight -----

Fever _____

Night sweats _____

Signs of wasting _____

Cough _____

Expectoration _____

Dyspnoea _____

Dyspnoea -----
Haemoptysis -----

Hoarseness

Hoarseness _____
Appetite _____

Appetite _____
Digestion _____

Occupation _____ How long off work _____

Occupation_____How long off work _____
Previous medical and family history _____

Previous medical and family history-----

.....

In other than pulmonary cases, state here the special characteristics of the case in regard to the particular organ or part affected.

Does patient sleep alone—In bed ? _____ In room ? _____

Windows of bedroom open by day ? _____ By night ? _____

[illegible]

Any further note_____

REVERSE

Date.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Doctor's visits (initial under date).																																	
103																																	
102																																	
101																																	
100																																	
99																																	
98																																	
97																																	
Temperature																																	
Pulse.. ..																																	
Weight																																	
Sputum																																	
Rest																																	
Exercise																																	
Medical treatment																																	
Tuberculin																																	

provisional arrangements for the administration of sanatorium benefit after the 13th inst., pending the adoption of permanent schemes.

1. For the purpose of providing sanatorium benefit during the first six months after the commencement of the National Insurance Act, 1911, the Commissioners approved provisionally arrangements made by Insurance Committees which have, for the most part, been made in accordance with the suggestions made by the Commissioners in their Memorandum of 6th July and their circular letter of 25th July last.

In most cases it will be necessary to continue certain of these provisional arrangements for a further period pending the coming into operation of the more permanent schemes for the treatment of tuberculosis which are now under consideration.

2. The Commissioners accordingly approve of the arrangements already made by the Insurance Committee and provisionally approved by the Commissioners being continued for a further period of six months to the 13th July, 1913, subject to the conditions indicated in the following paragraphs—

(a) *Medical Adviser.* In those cases where no Tuberculosis Officer has been appointed by a local authority with the approval of the Local Government Board, and pending any such appointment, the Commissioners approve of an arrangement whereby the services of the Medical Officer of Health as medical adviser to the Committee may continue to be secured, with the concurrence of the local authority, on the same terms as have already received their approval.

Where a Tuberculosis Officer has been appointed, or where a medical practitioner other than the Medical Officer of Health has hitherto acted as adviser to the Committee, and arrangements for the services of either as adviser to the Committee, have not already been approved by the Commissioners for a period beyond the 13th January, 1913, the Commissioners will be prepared to consider such extension of the arrangements hitherto approved as the Committee think desirable.

(b) *Application for Benefit.* The Commissioners approve of the continuance of arrangements already approved for the use of Form Med. 1 or a similar form by all insured persons applying for sanatorium benefit.

(c) *Examination of Applicants.* In cases where arrangements have not been made for the services of a Tuberculosis Officer or of a dispensary approved by the Local Government Board, and pending the making of such arrangements, the Commissioners approve of arrangements whereby persons applying for sanatorium benefit are required to furnish a medical report on their case for reference to the medical adviser. This report should now, as far as possible, and ultimately in all cases, prior to the appointment of a Tuberculosis Officer or the provision of a dispensary, be made after examination by the medical practitioner who is attending and treating the applicant under the arrangements made for medical benefit.

Where arrangements have been made and approved by the Commissioners for the services of a Tuberculosis Officer or of a dispensary and such arrangements do not extend beyond the period to 13th January next, the Commissioners should be informed of any extension of existing arrangements for which the Committee desire approval.

(d) *Treatment in Residential Institutions.* The Commissioners understand that the Local Government Board are prepared generally to extend their approval of existing approved sanatoria and hospitals for a further period of six months up to the 13th July; and, subject thereto, the Commissioners approve of the continuance of arrangements which they have already approved for the use of beds at such sanatoria or hospitals, in any case where the arrangements already approved by the Commissioners expire on the 13th January. In any case in which the Committee are in doubt as to whether approval of an institution has been extended, they should communicate with the Local Government Board.

(e) *Domiciliary Treatment.* In virtue of the allocation of sixpence per

insured person for purposes of domiciliary treatment, the arrangements approved provisionally up to 13th January, 1913, will require to be modified. Every practitioner on the panel will, by the terms of his agreement with the Insurance Committee, be under obligation to give domiciliary treatment in accordance with the requirements of the Order of the Local Government Board to any of his patients; whether he will be remunerated for such treatment by the capitation fee of sixpence per head or by payment for attendance on an agreed scale out of a fund formed by that sum is part of the arrangement made between him and the Insurance Committee.

3. So far as the existing arrangements made by the Committee comply with the foregoing conditions, and no change in such arrangements is desired, it will be unnecessary for further approval to be obtained. The Commissioners, will, however, require to be informed in all cases of any existing arrangements which are thus continued.

So far as the arrangements desired are not in accordance with those already approved or where any arrangements are desired for a period beyond the 13th July, 1913, and such arrangements have not already been approved, application should be made to the Commissioners for their approval in the ordinary manner.

4. *Extension of Benefit to Dependants.* For the reasons indicated in their circular letter of 31st October last, the Commissioners consider that during the period for which the existing provisional arrangements are continued, sanatorium benefit may properly be extended to the dependants of insured persons or to any class of them, if, after careful consideration of their available funds and of an estimate of their liabilities in respect of insured persons, the Committees consider they can properly do so. But any such extension should be limited to the period ending 13th July, 1913.

The Commissioners should be informed in any case where a Committee propose to extend benefit, and should be furnished with a copy of any resolution embodying such extension.

In cases where a local authority is considering a general scheme for the treatment of tuberculosis throughout its area, and there is a prospect of such scheme being brought into operation before the 13th July, care should be taken to provide that the provisional arrangements referred to in this circular may be terminated on the coming into operation of such scheme.

THE CLERK TO THE INSURANCE COMMITTEE.

Circular Med. I

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND)
BUCKINGHAM GATE, S.W.

25th July, 1912.

ADMINISTRATION OF SANATORIUM BENEFIT

The National Health Insurance Commission (England) understand that Insurance Committees would be glad to have further guidance and suggestions with regard to the administration of sanatorium benefit; and I am accordingly directed to forward for the information of the Committee the following suggestions as to procedure, together with Model Forms which the Committee may find it convenient to adopt, subject to such modifications as may seem to them expedient.

1. The Insurance Committee will probably have already appointed a Sub-Committee to deal with Sanatorium Benefit: if they have not already done so, they should without delay take the question into consideration.

To the Sub-Committee may properly be delegated, among other duties, that of considering and reporting to the Committee upon individual applications for benefit, and, if the Committee think fit, of deciding cases within the general lines of administration and of expenditure laid down by the Insurance Committee. In counties of large area the Committee may find it of advantage, for the preliminary consideration of applications for the benefit in different parts of their area, to appoint also local Sub-Committees, which could usefully consider applications from insured persons resident in their locality and report on the cases to the County Committee. The medical adviser to the Committee, or a deputy, should be present at all meetings of the local, as of the central, Sub-Committee to advise them on the cases before them.

It should be remembered that the scheme of arrangements of an Insurance Committee for the treatment of insured persons, whether in institutions or otherwise, must be submitted to the Commissioners for approval.

2. The preliminary procedure, in dealing with applications for benefit, will necessarily differ in districts where a tuberculosis Officer has been appointed from that required in a district where no such appointment has been made.

3. In the former case, the Committee will no doubt make satisfactory arrangements with the authority appointing the Tuberculosis Officer for his services to be made available as medical adviser to the Committee, on the lines laid down in paragraphs 15 to 17 of the Memorandum on the Administration of Sanatorium Benefit, copies of which were addressed to the Committee on the 6th instant. Where such arrangements have been made, applicants for Sanatorium Benefit may at once be referred to the Tuberculosis Officer for medical examination and report.

4. Where the services of a Tuberculosis Officer are not available, it will be necessary for provisional arrangements to be made as indicated in paragraph 36 of the Memorandum above-mentioned.

PROCEDURE ON APPLICATION WHERE ARRANGEMENTS FOR THE SERVICES OF A TUBERCULOSIS OFFICER HAVE *NOT* BEEN MADE.

5. It is suggested that any person applying for Sanatorium Benefit should be required to fill up Form Med. 1, and to furnish evidence (a) that he is an insured person and (b) that he is suffering from tuberculosis. The evidence on the former point should include the production of the contribution card and such other evidence as the Committee may require. As regards (b), the evidence may conveniently take the form of a brief statement by the medical practitioner who has been attending the applicant.

6. On the above evidence it is suggested that the Clerk to the Committee should instruct the applicant to obtain from a medical practitioner a detailed Report as to his physical condition, with suggestions as to the treatment to be given him. This Report would be furnished in Form Med. 2, which might be supplied to the applicant with a stamped envelope addressed to the Medical Officer of Health or other medical adviser to the Committee. When the applicant has been examined and the Form duly filled up, the latter should be sent to the Medical Officer of Health or other medical adviser. For this Report a suitable fee may, as indicated in the Memorandum of the 6th inst., be paid by the Committee.

PROCEDURE ON APPLICATION WHERE ARRANGEMENTS HAVE BEEN MADE FOR THE SERVICES OF A TUBERCULOSIS OFFICER IN ANY DISTRICT.

7. Where the services of a Tuberculosis Officer are available, the applicant should be required to fill up Form Med. 1, and to furnish evidence that he is insured, as in the case dealt with in paragraph 5 above; but, as in this case there is no need of any preliminary statement from a practitioner, the applicant may at once be referred to the Tuberculosis Officer for medical examination and report. The Tuberculosis Officer will need to be informed promptly of the cases which have been referred to him in order that he may

make arrangements to see them, and provision is made for this on Form Med. 3, which is intended for use by the Clerk in referring cases to the Tuberculosis Officer.

SUBSEQUENT PROCEDURE

8. The subsequent procedure may properly be the same in both cases. In districts in which there is no Tuberculosis Officer, such arrangements should be made as will enable the Medical Officer of Health or other medical adviser to consider the Reports furnished on Form Med. 2 by medical practitioners, and to advise the Committee on the treatment to be provided for the various cases before them. Similarly, the Tuberculosis Officer, in districts where one has been appointed, will make recommendations based on his examination of the cases referred to him, and should indicate the precise form of immediate treatment recommended and the period for which it is to be given. Form Med. 4 is provided for use for this purpose in either case, and the medical adviser to the Committee should be furnished with a supply of these Forms and should be required to fill up a separate form for each applicant. Before submitting the Form to the Committee, it is important that the Clerk, with the assistance of the medical adviser, should make as precise an estimate as possible of the prospective cost of the treatment recommended, which should be stated under the appropriate heading in the Form.

9. In this connection the attention of the Committee is drawn to the provisions of Section 16 of the National Insurance Act, in accordance with which it is necessary that any institution (sanatorium, hospital, or dispensary) must have been approved by the Local Government Board before the Committee can send patients to it; and where any arrangements are under negotiation with such an institution the attention of the managing body should be drawn to this requirement. The approval of the Local Government Board is similarly required as to the manner in which home treatment is given to insured persons. The Local Government Board are issuing an Order approving home treatment for such persons when given in the manner and in accordance with the conditions specified in the Order; copies of this Order will be forwarded to the Committee.

10. The papers relating to each applicant as above set out should be submitted to the Committee for their decision at their regular meetings or otherwise as they may appoint. The medical adviser to the Committee should be present at these meetings to advise the Committee in cases of doubt or difficulty. The decision of the Committee should be properly authenticated on the Form Med. 4 by the signatures of the Chairman and Clerk to the Committee. A record of the Committee's decision as to the form of treatment to be provided, the period for which it is to be provided, and the cost of the treatment, must be kept in each case, in order that they may know from time to time the cost they are incurring and their outstanding liabilities in respect of cases already in receipt of Sanatorium Benefit. Provision is made for the record to be kept on the same Form as that which contains the medical adviser's recommendation.

11. It should be borne in mind that the patient's condition, and consequently the treatment appropriate in his case, may vary from time to time; and, therefore, the Committee should arrange, not only to reconsider the case at a reasonably early date, but also to receive medical reports on the patient's progress as occasion arises, in order that the treatment may be varied according to the requirements of the case.

12. When the necessary arrangements for treatment have as far as practicable been made, the decision of the Committee should be communicated in writing to the applicant by the Clerk. It is important that, in communicating the Committee's decision, the applicant should be clearly informed in writing as to (a) the place at which treatment will be given him, (b) the form of such treatment, and (c) the period for which he is allowed treatment;

and that the applicant should be required to carry out in all respects the instructions of the medical practitioner in charge of the case.

A supply of each of the forms above mentioned is being forwarded to you. The forms will be placed on sale, so that further copies may be purchased, either directly or through any bookseller, from Messrs. Wyman & Sons, Ltd. Fetter Lane, E.C.

TO THE CLERK OF THE INSURANCE COMMITTEE.

NURSING, HOSPITALS, MATERNITY

Maternity Cases.

Nursing of Insured Persons.

Inmates of Hospitals, Sanatoria, etc.



MATERNITY

NOTE ON MATERNITY CASES

Under the Maternity Benefit Regulations, 1913, a doctor called in by the midwife in case of emergency in maternity cases could recover his fee as part of the Maternity Benefit under the Act. These regulations have, however, been revoked by the Insurance Act, 1913; and the position is the same as it was before the Insurance Act (1911).

The following provisions of the Insurance Act, 1911, with regard to Maternity Cases, are of interest to doctors—

(Section 18): Provided always that the mother shall decide whether she shall be attended by a duly qualified medical practitioner or a duly certified midwife and shall have free choice in the selection of such practitioner or midwife.

(Section 8): Medical Benefit shall not include any right to medical treatment or attendance in respect of a confinement.

NURSING OF INSURED PERSONS, ETC.

INSURANCE ACT, 1911

21. It shall be lawful for an approved society or Insurance Committee to grant such subscriptions or donations as it may think fit to hospitals, dispensaries, and other charitable institutions, or for the support of district nurses, and to appoint nurses for the purpose of visiting and nursing insured persons, and any sums so expended shall be treated as expenditure on such benefits under this Part of this Act as may be prescribed.

INMATES OF HOSPITALS, SANATORIA, ETC.

INSURANCE ACT, 1911

* 12.—(1) No payment shall be made on account of sickness, disablement or maternity benefit to or in respect of any person during any period when the person to or in respect of whom the benefit is payable is an inmate of any workhouse, hospital, asylum, convalescent home, or infirmary, supported by any public authority or

* As amended by Insurance Act, 1913; Sec. 15.

out of any public funds, or by a charity, or voluntary subscriptions, or of a sanatorium or similar institution approved under this Part of this Act.

(2) During such period as aforesaid the sum which would otherwise have been payable on account of any such benefit to or in respect of such person—

(a) shall be paid to or applied in whole or in part for the relief or maintenance of his dependants (if any) in such manner as the society or committee by which the benefit is administered, after consultation whenever possible with such person, thinks fit; or

(b) if such person, being a member of an approved society, is an inmate of a sanatorium or similar institution in which he is receiving treatment in accordance with the provisions of this Part of this Act, and has no dependants, shall be paid to the Insurance Committee towards the general purposes thereof; or

(c) if such person, being a member of an approved society, is an inmate of a hospital, asylum, convalescent home, or infirmary supported by charity or by voluntary subscriptions and has no dependants, shall, if an agreement for the purpose has been made between the society or committee and the hospital, asylum, convalescent home, or infirmary, be paid, in whole or in part, according to such agreement, towards the maintenance of such person in the hospital, asylum, convalescent home, or infirmary: Provided that—

(ii) if such an inmate as aforesaid is a married woman or widow, and the sums so payable or applicable as aforesaid include the sums which would have been payable *both on account of maternity benefit payable in lieu of sickness or disablement benefit and on account of maternity benefit not so payable*, no part of the sum which would otherwise be payable on account of *such last mentioned* maternity benefit shall be paid or applied for the relief or maintenance of her dependants, but such sum may be paid to the hospital, asylum, convalescent home, or infirmary of which she is an inmate as aforesaid in like manner as if she had no dependants.

(iii) where any person who is entitled to any benefit under this Part of this Act, or a woman whose husband is entitled to maternity benefit in respect of her confinement, applies for admission to any workhouse infirmary, admission thereto shall not be refused on the ground only of the right to such benefit.

INSURANCE ACT, 1913

15.—(1) Section twelve of the principal Act shall have effect as though proviso (1) to Sub-Section (2) of that Section were omitted therefrom, and any sum which, but for the provisions of that section, would have been payable to any person on account of sickness, disablement, or maternity benefit, if and so far as it is not paid or applied in accordance with the provisions of that section while the

person to or in respect of whom it would have been payable is an inmate of any workhouse, hospital, asylum, convalescent home, or infirmary, may, if the society or committee administering the benefit thinks fit, be applied in the provision of any surgical appliances required for the person or otherwise for his benefit after he ceases to be an inmate, or, if it is not so expended, shall be paid in cash to the person after leaving the institution, in a lump sum or in instalments as the society or committee thinks fit, and, where any sum which apart from section twelve of the principal Act would have been payable on account of sickness benefit has been paid or applied under that section as amended by this section, it shall be treated as a payment in respect of sickness benefit for the purpose of determining the rate and duration of that benefit.

(2) Proviso (ii) to Sub-Section (2) of Section twelve of the principal Act shall have effect as if for the words "both on account of sickness or disablement benefit and on account of maternity benefit" there were substituted the words "both on account of maternity benefit payable in lieu of sickness or disablement benefit and on account of maternity benefit not so payable," and for the words "which would otherwise be payable on account of maternity benefit" there were substituted the words "which would otherwise be payable on account of such last-mentioned maternity benefit."

Circular A.S. 94.

SECTION 12

The Commissioners have frequently been approached by Societies with regard to the effect of Section 12 of the Act, which relates to the payment of sickness and disablement and maternity benefits in cases where a member is an inmate of certain types of institutions specified in the section.

These institutions consist of hospitals or convalescent homes supported by charity or voluntary subscriptions, public hospitals (*e.g.*, asylums, infirmaries and other institutions supported out of rates and public funds), workhouses, and sanatoria approved under the Act. The question whether a hospital or convalescent home is supported by charity or voluntary subscriptions depends on the circumstances of the particular institution. The fact that an individual inmate is wholly or partly maintaining himself in the institution would not be conclusive on this point. Where, however, the fees of patients or the subscriptions of the persons entitled to make use of the institution constitute its principal support, or where the institution is on a co-operative basis, the Commissioners are advised that the section does not apply.

Under Section 12 a Society must not pay sickness or disablement benefit (*i.e.*, make cash payments in the ordinary course) to an inmate¹ of any of these institutions either before or after the member leaves the institution in respect of the period during which he was an inmate. The sum which would otherwise have been payable on account of these benefits is to be disposed of by the Society in other ways, some of which are obligatory, and some discretionary, on the Society's part.

The first question that has to be determined by the Society in considering

¹ It should be noted that the word "inmate" will not ordinarily extend to a nurse in her own hospital, or to persons regularly employed in or about a hospital who are accustomed to receive there such treatment and attendance as they may require.

the disposal of the sum which would otherwise be payable as the benefit is whether the member has any persons who are wholly or partly dependent on him.

IF THERE ARE DEPENDANTS.

The Society must, where practicable, first ascertain the member's wishes in the matter, and must then either pay the whole sum direct to the dependants, or, if it thinks fit, apply it for their relief and maintenance (wholly or in part), as, for instance, by assisting them with the payment of rent, or providing them with necessaries.

IF THERE ARE NO DEPENDANTS.

(1) If the member is an inmate of a sanatorium in which he is receiving treatment in accordance with the provisions of the Act, the Society must pay to the Insurance Committee the whole sum which would ordinarily have been payable to the member.

(2) If the member is an inmate of any of the other institutions mentioned in the second paragraph of this circular, the Society may apply the sum in providing the member with surgical appliances where necessary, or may otherwise expend it for his benefit.

These latter words are intended to give the Society a wide discretion in using the sum available for the best interests of the member in the particular circumstances of his case. In many cases the Society may think it desirable to use the money to help the member over the difficulties incidental to his illness; for example, by paying his rent, or providing him with necessaries.

Societies have, in certain circumstances, discretion to retain the whole or part of the benefit in their own funds, but they are bound to exercise this discretion reasonably, and the Commissioners do not suppose that Societies will find many occasions on which the benefit could properly be withheld altogether.¹

(3) As an alternative to the course indicated in the preceding paragraph, if the member is an inmate of a hospital or other institution supported by charity, or by voluntary subscriptions, the Society may pay the whole or part of the sum to the institution toward the member's maintenance, provided that an agreement has been made for the purpose with the institution. A simple form of agreement signed by the responsible officials of the hospital and of the Society respectively will be sufficient, a duplicate being retained by the Society for presentation to the auditors, and a receipt obtained from the hospital authorities for every payment made under the agreement. A model form of an agreement for this purpose is annexed. (Agreements cannot be made with public hospitals dependent for their support upon rates or public funds.)

As regards maternity benefit, the views of the Commissioners are explained in some detail in Circular A.S. 73, of which it is not necessary here to do more than recapitulate the substance, viz., that whatever application has been made of the benefit, whether to the hospital under an agreement, or to the dependants of the mother, any balance in hand is payable when the mother leaves the institution.

NATIONAL HEALTH INSURANCE COMMISSION (ENGLAND),
BUCKINGHAM GATE, LONDON, S.W.

June, 1913.

¹ See Insurance Act, 1913, : Section 15.

AGREEMENT BETWEEN AN APPROVED SOCIETY AND
HOSPITAL, &c., UNDER SECTION 12 (2) (c)

AGREEMENT made the _____ day of _____ nineteen hundred
and _____ between _____ of _____
for and on behalf of the _____ Society, hereinafter called
"the Society," of the one part, and _____
of _____
for and on behalf of the Committee of the _____ Hospital,
hereinafter called "the Hospital," of the other part, whereby it is agreed
as follows—

In consideration of the Hospital maintaining and treating [*or continuing*
to maintain and treat] _____
of _____
a member of the Society, being a person with no dependants within the
meaning of the National Insurance Act, 1911, as an inmate of the Hospital,
the Society agree to pay to the Hospital as from the _____
day of _____ the sum of _____ per week—
during such period as the said _____
shall continue to be an inmate of the said Hospital, and the Hospital agree
to apply the sums so paid to them under this Agreement towards the
maintenance and treatment of the member in the said Hospital.

As witness, &c.

APPENDIX

APPENDIX

List of Sanatoria approved by the Local Government Board under the National Insurance Act, 1911, for England and Wales, with the names of the Administrative Counties and County Boroughs in which the Sanatoria are situate, and the date on which the approval expires in each case.

Local Government Board;
31 January, 1914.

TABLE A.—ENGLAND

(i) COUNTIES

Bedfordshire.—Daneswood Sanatorium, Woburn Sands: 15th July, 1914.

Berkshire.—Pinewood Sanatorium, Wokingham: 15th July, 1914.

Buckinghamshire.—Royal Buckinghamshire Hospital, Aylesbury: 15th July 1914.

Cheshire.—Baguley Sanatorium (Manchester Corporation); Barnes Convalescent Hospital, Cheadle; Bowdon Sanatorium; Children's Convalescent Home, West Kirby; Crewe Isolation Hospital; Crossley Sanatorium, Kingswood; Liverpool Sanatorium, Kingswood; Macclesfield Smallpox Hospital, Moss Lane, Macclesfield; Royal Liverpool Country Hospital for Children, Heswall; Wallasey Private Nursing Home, New Brighton: 15th July, 1914.

Cumberland.—Blencathra Sanatorium: 15th January, 1915.

Derbyshire.—Ashover Sanatorium, Chesterfield: 15th July, 1914.

Devon.—Devon County Sanatorium at Hawkmoor, Lustleigh: no limit of time; "The Shelters," Crediton: 15th October, 1914; Dartmoor Sanatorium, Chagford; Devon and Cornwall Sanatorium, Didworthy; Heavitree Isolation Hospital (Exeter Corporation); Mildmay Consumptive Home, Torquay; St. Barnabas' Home, Torquay; St. Luke's Home, Torquay; St. Raphael's Home, Torquay; Tiverton Isolation Hospital: 15th July, 1914.

Dorset.—Bridport Dispensary and Cottage Hospital; Cottage Hospital, Lyme Regis: 15th July, 1914.

Durham.—Hebburn Smallpox Hospital: no limit of time; Blaydon, Ryton, and Whickham Smallpox Hospital, Sealburns; Chester-le-Street Smallpox Hospital, Black Fell; Felix House Sanatorium, Middleton St. George; Maiden Law Sanatorium; Stanhope Sanatorium; Sunderland Rural Isolation Hospital, Ford; Wolsingham Sanatorium: 15th July, 1914.

Essex.—Alfred Boyd Encampment; Braintree Smallpox Hospital, Black Notley; Colchester Isolation Hospital; Dagenham Smallpox Hospital (West Ham Corporation); Great Baddow Encampment; Ilford Isolation Hospital; Maldon Isolation Hospital, Heybridge; Orsett Isolation Hospital; Romford Isolation Hospital; Walthamstow Isolation Hospital, Chingford: 15th July, 1914; East Ham Isolation Hospital; Merivale Encampment, Sandon: 15th April, 1914.

Gloucestershire.—Cranham Lodge Sanatorium; Painswick (Cotswold Hills) Sanatorium, Painswick; Salterley Grange Sanatorium, near Cheltenham (Birmingham Corporation): 15th July, 1914.

Hampshire.—Lord Mayor Treloar Cripples' Hospital and Home, Alton; Moorcote Sanatorium, Eversley; Victoria Isolation Hospital, Chilcomb: 15th July, 1914.

Hertfordshire.—North Herts and South Beds Hospital, Hitchin: 15th January, 1915; West Herts Hospital, Hemel Hempstead; Chantry House

Sanatorium; Hertford County Hospital; National Children's Home and Orphanage Sanatorium, Harpenden: 15th July, 1914.

Isle of Wight.—Hawthorn Dene Home for Phthisis, Bonchurch; Royal National Hospital for Consumption, Ventnor; St. Catherine's Home, Ventnor: 15th July, 1914.

Kent.—Royal Sea Bathing Hospital, Margate: 15th January, 1915; Bromley and Beckenham Smallpox Hospital, Bromley Common: 31st December, 1914; Keycol Hill Hospital; Metropolitan Convalescent Home, Cranbrook; National Sanatorium, Benenden: 15th July, 1914.

Lancashire.—Aitken Sanatorium, Ramsbottom; Fylde, Preston, and Garstang Smallpox Hospital, Elswick: 15th January, 1915; Ainsworth Smallpox Hospital, near Bolton; Crown Point Hospital, near Burnley (Burnley Corporation); Darwen Isolation Hospital; Old Whint Hospital (St. Helens Corporation); Sankey Sanatorium (Warrington Corporation); Strinesdale Smallpox Hospital (Oldham Corporation): 15th July, 1914.

Leicestershire.—Mowsley Smallpox Hospital: 15th January, 1915; Leicester Isolation Hospital (Leicester Corporation): 15th July, 1914.

Lincolnshire (Holland).—Boston Hospital, Boston; Johnson Hospital, Spalding: 15th July, 1914.

London.—Northern Hospital, Winchmore Hill, N.: St. Thomas' Hospital, S.E.: no limit of time; Brompton Hospital for Consumption, etc., S.W.; City of London Hospital, Victoria Park, N.E.; Dreadnought Hospital, Greenwich, S.E.; Hospital for Sick Children, Great Ormond Street, W.C.; Metropolitan Hospital, Kingsland Road, N.E.; Mount Vernon Hospital, Hampstead, N.W.; Royal Hospital for Diseases of the Chest, City Road, E.C.; St. Peter's Hospital, Henrietta Street, W.C.; University College Hospital, W.C.: 15th July, 1914.

Middlesex.—Clare Hall Hospital, South Mimms; Hounslow Hospital, Hounslow; St. Vincent's Cripples' Home, Eastcote, Pinner: 15th July, 1914.

Norfolk.—Bramblewood Sanatorium, Holt; Children's Sanatorium for the treatment of Phthisis, Holt; Kelling Sanatorium, Holt; Zetland House, Cley-next-the-Sea: 15th July, 1914; Fritton Open-air Colony, Long Stratton: 15th April, 1914.

Northamptonshire.—Northamptonshire Sanatorium, Creaton: 15th July, 1914.

Northumberland.—Newcastle and Northumberland Sanatorium, Barrasford: 15th July, 1914; Children's Sanatorium, Stannington: 15th April, 1914.

Nottinghamshire.—Newark Smallpox Hospital; Ransom Sanatorium, Mansfield: 15th July, 1914.

Oxfordshire.—Kingwood Sanatorium, Peppard Common; Maitland Sanatorium, Peppard Common: 15th July, 1914.

Salop.—King Edward VII Memorial Sanatorium, Shirlett: 15th July, 1914.

Somersetshire.—Engel Home, Cheddar; Mendip Hills Sanatorium; Winsley Sanatorium: 15th July, 1914.

Staffordshire.—Isolation Hospital, Burton-upon-Trent (Burton-upon-Trent Corporation); South Staffordshire Hospital, Moxley: 15th July, 1914.

Suffolk, East.—East Anglian Sanatorium, Nayland; Hermann de Stern Convalescent Home, Felixstowe; Ipswich Borough Sanatorium (Ipswich Corporation); Maltings Farm Sanatorium, Nayland: 15th July, 1914.

Suffolk, West.—Bury and West Suffolk Sanatorium, Bury St. Edmunds; Chilton Hill House Sanatorium, Sudbury: 15th July, 1914.

Surrey.—The Downs Sanatorium, Sutton: no limit of time; Barnes Isolation Hospital, Mortlake; Brompton Hospital Sanatorium, Frimley; Crooksbury Sanatorium, Farnham; Ockley Sanatorium; Reigate and Redhill Hospital, Redhill; Whitmead Sanatorium, Tilford; Woodhurst Sanatorium, Dorking: 15th July, 1914.

Sussex, East.—Eversfield Chest Hospital; Fairlight Sanatorium, Hastings; Hove Borough Sanatorium, Portslade: 15th July, 1914.

Sussex, West.—King Edward VII Sanatorium, Midhurst: 15th July, 1914.

Warwickshire.—Bramcote Smallpox Hospital; Open-air Camp, New Zealand, Southam; Tuttle Hill Sanatorium: 15th July, 1914.

Westmorland.—Westmorland Sanatorium and Home, Meathop: 15th July 1914.

Worcestershire.—Romsley Hill Sanatorium: no limit of time; Bourne Castle Sanatorium, Belbroughton; Hayley Green Hospital, Halesowen; Hill Top Hospital, near Bromsgrove; Knightwick Sanatorium; Newtown Isolation Hospital (Worcester Corporation); Welland Hospital, Malvern; 15th July, 1914; The Mount Sanatorium, Fairfield: 28th February, 1914.

Yorkshire (East Riding).—Sanatorium attached to Hull and East Riding Convalescent Home, Withernsea: 15th July, 1914.

Yorkshire (North Riding).—Wensleydale Sanatorium, Aysgarth: 15th January, 1915; Ruebury House Sanatorium, Osmotherley; Scarborough Isolation Hospital; Smallpox Hospital, Hemlington (Middlesbrough Corporation): 15th July, 1914.

Yorkshire (West Riding).—Cardigan Hospital, Wakefield: 31st December, 1915; Balby Hospital; Dean Head Sanatorium, Horsforth; Gateforth Sanatorium; Hemsworth Sanatorium, Brierley Common; Killingbeck Smallpox Hospital (Leeds Corporation); Kimberworth Smallpox Hospital (Rotherham Corporation); Morton Banks Hospital; Seacroft Isolation Hospital (Leeds Corporation): 15th July, 1914.

(ii) COUNTY BOROUGHS

Bath.—Royal United Hospital: 15th July, 1914.

Birmingham.—General Hospital; Queen's Hospital; West Heath Hospital; Yardley Road Sanatorium: 15th July, 1914.

Blackburn.—Isolation Hospital, near Blackburn: 15th January, 1915.

Blackpool.—Isolation Hospital, New Road, Blackpool: 15th July, 1914.

Bolton.—Bolton Convalescent Home (Wilkinson Sanatorium), Sharples: Isolation Hospital, Bolton: 15th July, 1914.

Bootle.—Bootle Borough General Hospital; Linacre Hospital: 15th July, 1914.

Bournemouth.—Firs Home, Bournemouth; Hahnnemann Convalescent Home, Bournemouth; Royal National Sanatorium, Bournemouth; The Home Sanatorium, West Southbourne: 15th July, 1914.

Bradford.—Bradford Royal Infirmary: 15th January, 1915; Bierley Hall Hospital: 15th July, 1914.

Brighton.—Borough Sanatorium: 15th July, 1914.

Bristol.—Ham Green Isolation Hospital: 15th July, 1914.

Bury.—Florence Nightingale Hospital: 15th July, 1914.

Chester.—Chester Isolation Hospital, Sealand: 15th July, 1914.

Croydon.—Isolation Hospital, Waddon: 15th July, 1914.

Derby.—Borough Sanatorium; Home of Rest, Osmaston Road: 15th July, 1914.

Exeter.—Devon County Hospital at Ivy Bank, Exeter (Devon County Council): no limit of time.

Halifax.—Isolation Hospital, Stoney Royd, Halifax: 15th July, 1914.

Hastings.—Borough Sanatorium, Ore, Hastings: 15th July, 1914.

Huddersfield.—Isolation Hospital, Mill Hill: 15th July, 1914.

Ipswich.—Borough Isolation Hospital: 15th January, 1915.

Kingston-upon-Hull.—Isolation Hospital, Hedon Road, Kingston-upon-Hull: 15th July, 1914.

Leeds.—Armley Hospital: 15th July, 1914.

Lincoln.—Borough Isolation Hospital, Lincoln: 15th July, 1914.

Liverpool.—David Lewis Northern Hospital: 15th January, 1915; Fazakerley Hospital; Infirmary for Children, Myrtle Street; Liverpool Hospital for Consumption; Liverpool Stanley Hospital, Stanley Road; Parkhill Hospital; Royal Infirmary; Royal Southern Hospital: 15th July, 1914.

- Manchester*.—Royal Infirmary : 15th July, 1914.
Newcastle-upon-Tyne.—City Hospital, Walker Gate : 15th July, 1914.
Northampton.—Isolation Hospital, Harborough Road, Northampton : 15th July, 1914.
Nottingham.—Bagthorpe Isolation Hospital : 15th July, 1914.
Oldham.—West Hulme Isolation Hospital : 15th January, 1915.
Portsmouth.—Royal Portsmouth Hospital : 15th January, 1915 ; Langstone Smallpox Hospital : 15th July, 1914.
Rotherham.—Badsley Moor Lane Sanatorium : 15th July, 1914.
St. Helens.—Borough Sanatorium, Peasley Cross : 15th July, 1914.
Salford.—Drinkwater Park Smallpox Hospital : 15th July, 1914.
Sheffield.—Commonside Hospital ; Crimicar Lane Hospital ; Winter Street Hospital : 15th July, 1914.
Smethwick.—Smethwick and Oldbury Hospital, Holly Lane, Smethwick : 15th July, 1914.
Southampton.—Borough Sanatorium, Shirley : 15th July, 1914.
Stoke-on-Trent.—Stanfield Hospital, Burslem : 15th July, 1914.
Tynemouth.—Moorpark Isolation Hospital : 15th July, 1914.
Wallasey.—Isolation Hospital, Mill Lane, Liscard : 15th July, 1914.
Wigan.—Pemberton Isolation Hospital : 15th July, 1914.
York.—Isolation Hospital, Yearsley ; York County Hospital : 15th July, 1914.

TABLE B.—WALES AND MONMOUTH

(i) COUNTIES

- Anglesey*.—Penhesgyn Sanatorium : 15th July, 1914.
Carmarthenshire.—West Wales Sanatorium, Llanbyther : 15th July, 1914.
Carmarvonshire.—Conway and Penmaenmawr Isolation Hospital, Groesynyd : 15th July, 1914.
Denbighshire.—Wrexham Infirmary : 15th July, 1914.
Flintshire.—Royal Alexandra Hospital, Rhyl : 15th July, 1914.
Glamorganshire.—Ogmore Smallpox Hospital : 15th July, 1914.
Monmouthshire.—Highfield Nursing Home, Bassaleg : 15th July, 1914.
Montgomeryshire.—Montgomery County Infirmary, Newtown : 15th July, 1914.

(ii) COUNTY BOROUGHES

- Merthyr Tydfil*.—Isolation Hospital, Mardy : 15th July, 1914.
Newport.—Isolation Hospital, Allt-yr-yn : 15th July, 1914.
Swansea.—Isolation Hospital, Swansea : 15th July, 1914.

TABLE C.—*MILITARY HOSPITALS—ENGLAND AND WALES

Aldershot (Cambridge)	Cardiff	Gosport
Aldershot (Connaught)	Carlisle	Gravesend
Ashton	Caterham	Guildford
Barnet	Chatham	Halifax
Bedford	Chester	Harwich
Beverley	Chichester	Hertford
Bodmin	Colchester	Hilsea
Bradford	Derby	Hounslow
Brecon	Devizes	Hythe
Brighton	Devonport and Plymouth	Ipswich
Bristol	Dorchester	Kingston-on-Thames
Bulford	Dover, West Heights	Lancaster
Bury	Eastbourne	Landguard Fort
Bury St. Edmunds	Exeter	Leeds
Canterbury	Fleetwood	Leicester

* These Institutions have been approved temporarily under the National Insurance Act, 1911, for a period expiring on the 15th July, 1914.

Lichfield	Parkhurst & East Cowes	Tower of London
Lincoln	Pembroke	Tregantle Fort
Liverpool (Seaforth)	Pontefract	Warley
Longmoor	Portland	Warrington
Lydd	Portsmouth (Cosham)	Warwick
Maidstone	Preston	Weedon
Manchester (Hulme)	Reading	Weymouth
Millbank, Queen Alexandra Military Hospital	Regent's Park	Winchester
Mill Hill	Richmond	Windsor
Netley R.V. Hospital	Rochester Row	Woking
Netley " D " Block	Scarborough	Woolwich (R. Herbert) Hospital
Newcastle	Sheerness	Worcester
Newhaven	Sheffield	Wrexham
Newport	Shoeburyness	Yarmouth
Northampton	Shorncliffe	York
Norwich	Shrewsbury	
Oxford	Taunton	
	Tidworth	

ADDENDUM

The undermentioned Sanatoria in Scotland have been approved by the Local Government Board under the National Insurance Act, 1911, for the reception of insured persons resident in England and Wales—

Ochil Hills Sanatorium, Milnathort, Kinross.

* Woodburn Sanatorium, Edinburgh.

† Royal Victoria Hospital for Consumption, Edinburgh.

* Approved for a period expiring on the 12th July, 1914.

† Approved for a period expiring on the 2nd August, 1914.

SCOTTISH MEDICAL BENEFIT REGULATIONS

These are substantially the same as the English regulations, but the following points of difference may be noted—

REGULATION.

- 2 (1). "County" includes combination of counties, etc.
- 14 (7). Not contained in Scottish regulations.
- 16 (3). Changes in terms of service: "six weeks" instead of "eight."
- 17 (2). Withdrawal from panel: "four" weeks instead of "six."
- 17 (3). Deputy for deceased practitioner: "seven" days instead of "ten."
- 30 (2). Not contained in Scottish regulations.
- 39 (7). Scottish regulations omit provision for applying any balance in Drug Fund in payment of chemists not fully paid previous year.
- 41 (3). The proviso is not contained in the Scottish regulations.

- 42 (4). *Scottish regulations omit provision for applying any balance in Central Drug Fund in payment of Committees not fully paid in previous year.*
- 44 (3). *Not contained in Scottish regulations.*
- 50 (1). *Scottish regulations cover question which "may arise" as well as one which "has arisen."*
- 50 (2). *"Member of the Faculty of Advocates or enrolled law-agent," instead of "barrister-at-law or solicitor"—and elsewhere.*
- 52 (1). *"Complainer" instead of "Complainant"—and elsewhere.*
- 54 (1). *This is amplified, requiring the representation to contain a "concise statement" of the alleged facts, etc.*
- 54 (2). *This appears substantially as 55 in Scottish regulations; also 55 as 56; and 56 and 57 as 57.*
- 58 (2). *Scottish regulations provide for right of practitioner or his agent to make copy of any document, etc.*
- 61 (1). *"Fourteen" days instead of "seven."*
- 63 (3). *"Ten" days instead of "five."*
- 73 (1). *In Scottish regulations, address of practitioner is given as address in Committee's list.*
83. *The Scottish regulations contain the following clause—*
"Notwithstanding anything contained in these regulations or any arrangements made thereunder and subject to the provisions of the principal Act and the amending Act, the Commissioners may in any County or other area where, owing to sparseness of population, difficulties of communication, or other special circumstances, they are satisfied after such inquiry, as they think fit, that it is advisable to do so, authorise the Committee to make other arrangements in lieu of arrangements made under these regulations or in supplement thereto and that for such period as the Commissioners may think fit."

THIRD SCHEDULE

Chemists' Agreement: The Scottish regulations contain the following clause—

"The chemist may, with consent of the Committee, which shall not be unreasonably withheld, alter the place or places of business, or he may, with consent of the Committee, reduce or increase the number of said places."

SIXTH SCHEDULE

The Scottish forms are different, and commence with the Complainer's initial "representation" as No. 1.

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THE NATIONAL HEALTH INSURANCE (MEDICAL BENEFIT) REGULATIONS (ENGLAND, 1913)

DATED JANUARY 10, 1914, MADE BY THE NATIONAL HEALTH
INSURANCE JOINT COMMITTEE ACTING JOINTLY WITH THE
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